

Manitoba Health and Healthy Living

**Annual Report
2007-2008**





MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour the Honourable John Harvard, P.C., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

We have the privilege of presenting the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2007/08. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

Theresa Oswald
Minister of Health



Kerri Irvin-Ross
Minister of Healthy Living





**Honourable Theresa Oswald
Minister of Health**

**Honourable Kerri Irvin-Ross
Minister of Healthy Living**

Dear Ministers:

Major achievements of the Department for the fiscal year 2007/08 included:

I am pleased to present the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2007/08.

Manitoba Health and Healthy Living continues to believe that sustaining our universal, comprehensive, accessible and appropriately funded and administered health care system is of primary importance. Manitoba Health and Healthy Living's commitment to improving the health status of all Manitobans remains strong and unchanged. In 2007/08, we took steps to further this commitment.

Several achievements of the Department for the fiscal year 2007/08 included:

- Manitoba has made significant improvements to patient access through the reduction of **wait lists and wait times** in the five federal priority areas of: cardiac surgery, sight restoration, cancer, diagnostic imaging and hip and knee joint replacements and four provincial priority areas: pain services, sleep disorders, paediatric dental surgery and mental health. Manitoba continues to engage with health system stakeholders to support the collaborative development of a timely and seamless patient journey through its wait time reduction efforts.
- **Strengthening efforts in Health Human Resources** that resulted in the total number of Manitoba physicians being 2,325 as of April 30, 2008 (a net gain of 290 physicians since 1997). As of December 2007, 973 nurses have received relocation assistance to work in Manitoba, 496 have received funding for program refresher programs to re-enter the nursing workforce and 269 have received conditional grants to work in rural and northern RHAs. The Medical Laboratory program at Red River College was further expanded by five seats to 40 and three additional seats were purchased in the Nuclear Medicine Technology (NMT) program.
- **Advancing Public Health** through provision of Medical Officers of Health services across the province, the transfer of public health inspectors into the provincial public health team, planning for the new vaccine program such as Human Papillomavirus (HPV), developing regulations for the *Public Health Act*, addressing and responding to emerging diseases, enhancing responses to existing diseases such as Lyme Disease, implementing a multi-media prevention awareness campaign for diabetes and chronic disease.
- **Emergency Medical Services (EMS)** together with the RHAs completed Phase 1 and Phase 2 of the implementation strategy for the Medical Transportation Coordination Centre (MTCC).
- **Providing Disaster Management** through intense operational support and guidance in emergencies such as the Selkirk ice jam, flood evacuation of April 2007, and the Elie tornado of June 2007.

- **The Ministry of Healthy Living** continued to lead and shape the department's focus on promoting healthful practices and preventing disease and injury through:

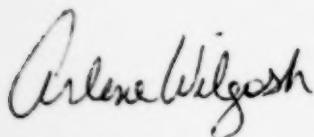
- Healthy Schools*
 - Supporting school divisions, RHAs and local resources in activities.
 - Strengthening the "Food for Thought Healthy Eating Campaign".
 - Introducing the school nutrition policy.
- Manitoba in motion*
 - The "Get in motion Physical Activity Campaign".
 - 55 new schools registered as "Healthy Schools" in motion bringing the total to 480 schools.
- Injury Prevention*
 - Prevent injury by providing 12,884 low cost bicycling helmets to Manitoba children to a total of 44,000 provided to Manitobans in the past three years.
 - The SafetyAid home safety and falls prevention program for seniors was supported in conjunction with Manitoba Justice and Manitoba Seniors and Healthy Aging Secretariat.
 - Supportive funding was provided for the Falls Prevention and Vision Screening pilot project, "Focus on Falls", at Misericordia Health Centre.
- Healthy Sexuality*
 - Funding for three additional teen clinics.
 - Launching rapid HIV testing at Nine Circles Health Centre.
 - Funding to address sexual health promotion needs of Aboriginal youth in the North.

Major improvements to infrastructure completed:

- Acute Care:*
 - Health Sciences Centre – Paediatric Ophthalmology Clinic.
 - Deloraine Health Centre – Community Cancer Program.
 - Thompson General Hospital – Haemodialysis Expansion.
 - St. Anthony Hospital (The Pas Hospital) – Emergency / Special Care Unit and Dialysis Units renovations.
 - Steinbach – Bethesda Hospital – Outpatient Chemotherapy Program and obstetric Facilities.
- Primary Care:*
 - Dauphin – Community Health Services Building.
 - Notre Dame de Lourdes – Lourdeon Wellness Centre.
- Long Term Care:*
 - Winnipeg – River Park Gardens – 80 bed personal care home.
- Provincial Programs:*
 - Ilford Nursing Station.
 - Thompson – 5 bed residence for persons with acquired brain injuries.

I would like to commend Manitoba Health and Healthy Living staff, Regional Health Authorities and health care partners whose dedication has made our achievements possible in 2007/08. With our focus on the future, we are working to ensure that Manitobans continue to receive safe, timely, quality health care they need and value.

Respectfully submitted,



Arlene Wilgosh
Deputy Minister of Health and Healthy Living



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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with Manitoba Health and Healthy Living (MHHL) appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2008. It provides information on MHHL and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to MHHL strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. A report on any disclosures of wrongdoing as directed under *The Public Interest Disclosure (Whistleblower Protection) Act* has been included in Appendix IV.

Role and Mission

MHHL is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and the Minister of Healthy Living. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated Vision of MHHL is "Healthy Manitobans through an appropriate balance of prevention and care". MHHL leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the Mission of MHHL "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time". This Mission is accomplished through a structure of comprehensive functions, encompassing strategic direction, legislation, policy, guidelines, strategy and program development, funding and fiscal accountability, and direct delivery of specialized, provincial programs aimed at the provision of appropriate, effective and efficient health and health care services. Most services are delivered through Regional Health Authorities, hospitals and other health care organizations. MHHL also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is also the role of MHHL to foster innovation in the health system. This is accomplished through developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness, fostering behaviours and environments which promote health, promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

Report Context

MHHL administers the most complex and publicly visible social program provided by the Government. The program is delivered partially by the department, partially through grant agencies, partially through arm's length Health Authorities, and partially by independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

It is important to consider that many factors affect the health of Manitobans such as family history, gender, culture, education, employment, income, the environment, our coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being. Healthy living is about creating conditions and supporting behaviours that promote the best possible health for everyone and is a way to improve health for all Manitobans and reduce the need for health care services. It includes actions taken by individuals, families, communities, governments, businesses and other organizations that assist Manitobans to lead healthier lives. MHHL's efforts regarding healthy living activities are intended to support these actions.

Prominent system pressures such as public demands and expectations for new and expanded services, emerging technologies and pharmaceuticals remain high. In addition, advancing efforts for improving access, strengthening our public health system and addressing the implications of escalating costs are also system challenges. MHHL while ensuring effective and efficient administration as well as good budget and deficit management, continues to address these challenges and to improve the quality of the system.

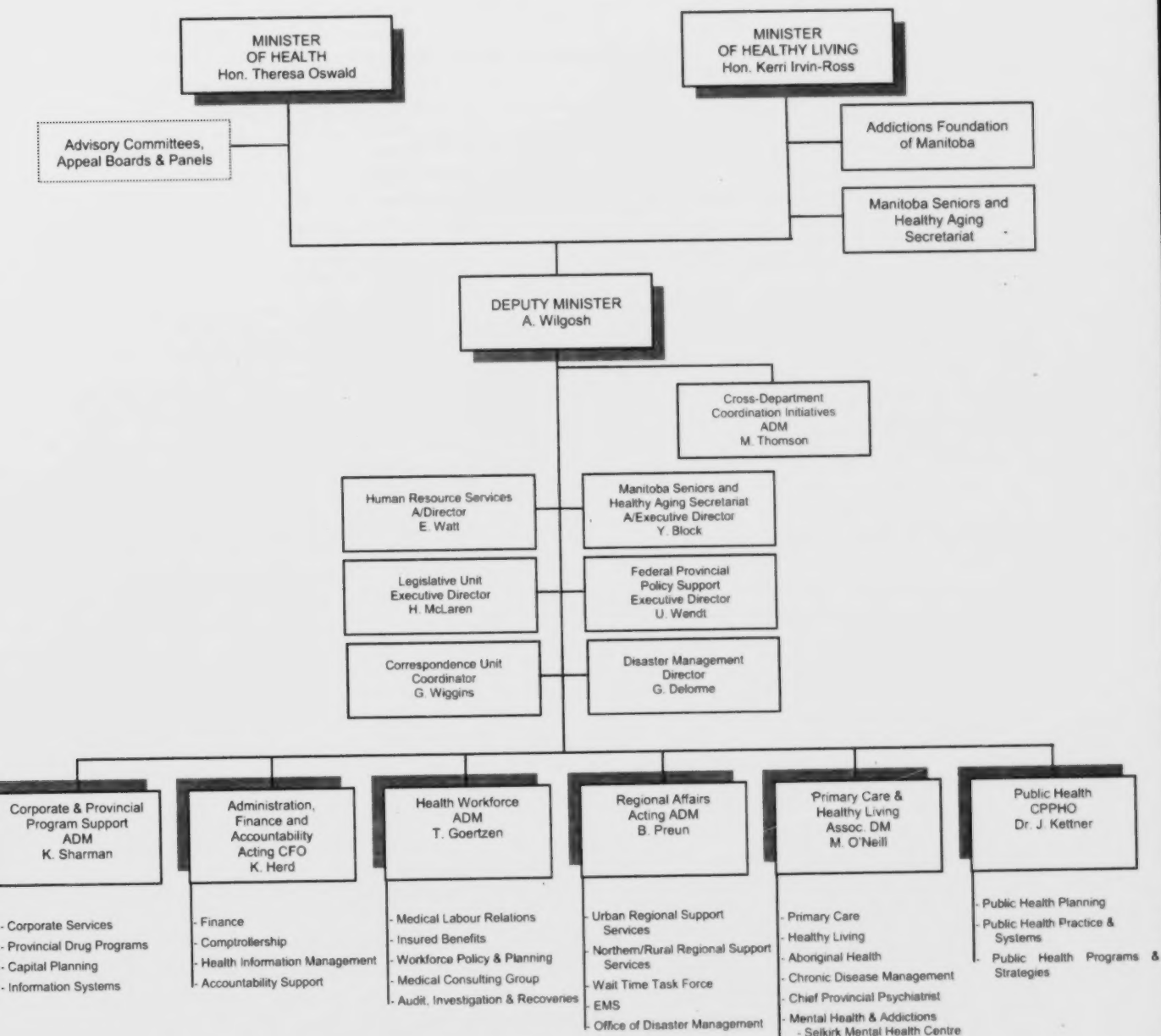
Through dynamic times, MHHL continues to address improving the quality of the health care system, focusing on healthy living, enhancing system wide performance reporting, strengthening fiscal management, and thus strengthening accountability in the system.

Organization

This annual report is organized in accordance with MHHL appropriation structure which reflects the organization chart at the beginning of the year dated April 1, 2007.

MANITOBA HEALTH AND HEALTHY LIVING ORGANIZATION CHART

Effective March 31, 2008



Administration, Finance and Accountability

Ministers' Salaries

Provides the Ministers of Health and Healthy Living with the additional compensation to which individuals appointed to the Executive Council are entitled.

The objectives were:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans, with a particular emphasis on healthy living.

1(a) Ministers' Salaries

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	83.8	2.00	62.0	21.8	
Other Expenditures					
Total Sub-Appropriation	83.8	2.00	62.0	21.8	

Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Minister of Healthy Living, and the Deputy Minister of Health and Healthy Living.

The purpose of the Executive Support is to advise the Ministers on all policy and program matters related to the department; provide executive leadership, direction, and administration of the activities of the department to meet government policy objectives; and provide administrative support for the offices of the Ministers and Deputy Minister.

The objectives were:

- To provide support to the Ministers of Health and Healthy Living in protecting, preserving and promoting the health of all Manitobans through strategic direction in management, policy development, program determination and administration.
- To lead a health system that is respected for its ability to improve health and well-being among Manitobans, and to provide quality health care in a cost effective, sustainable and equitable manner.
- To empower Manitobans through knowledge, choices and access to the best possible health resources, and concurrently build partnerships and alliances for health and supportive communities.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,223.6	18.00	1,176.0	47.6	
Other Expenditures	217.2		233.7	(16.5)	
Total Sub-Appropriation	1,440.8	18.00	1,409.7	31.1	

Finance

Finance is responsible for the managing of the internal financial affairs of Manitoba Health and Healthy Living (MHHL) including the Manitoba Health Services Insurance Plan and for coordinating administrative support services to meet departmental operating requirements.

Finance is also responsible for providing a fair and equitable distribution of available funds for regional health authorities (RHAs) and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA Health Plan submissions, budget allocations and monitoring of financial, statistical and operational results.

Finance also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

Finance provides information management and statistical services in support of the programs of MHHL, RHAs, agencies, researchers and the general public. It also provides leadership and coordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act* (PHIA).

Finance is composed of the following:

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting from departmental programs, RHAs and external agencies is timely, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long term care for RHAs through the management of the assessment and appeal process.

The expected and actual results for 2007/08 included:

1. Effective and efficient use of tangible and fiscal resources with budgets for departmental programs, RHAs and external agencies consistent with the established priorities of the department and government.
 - MHHL, effectively and efficiently, utilized tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies, based on department priorities and established guidelines and policies.
2. Timely and accurate preparation of certain annual planning and reporting documents, ex: estimates, quarterly financial reports and other financial reports or documents.
 - Estimates, Estimates Supplement financials, Annual Report financials, quarterly financial reports and other financial reports or documents were prepared in accordance with Legislative requirements, Treasury Board and senior management requirements within established deadlines.
3. Timely, accurate information to government on the fiscal status of MHHL.
 - Monthly and quarterly financial reports, the Annual Report and other financial reports or documents on the fiscal status of MHHL were prepared in a timely manner for Treasury Board and senior management.
4. Equitable rate structure for the Residential Charge Program.

- MHL provided an equitable rate structure for the residential charges program through management of rate assessment, review and appeal process for all long term care clients.

Regional Financial Support and Capital Finance

The objectives were:

- To provide support, consultation and analysis to departmental programs, RHAs and agencies to ensure a common understanding of reporting requirements and methodologies.
- To develop and monitor processes that enable MHL to set expectations and assess financial results of RHAs, CancerCare Manitoba, Addictions Foundation of Manitoba (AFM) and other health organizations.
- To provide support, consultation, analysis and findings to RHAs and agencies for their capital construction and equipment requirements.

The expected and actual results for 2007/08 included:

1. Timely, accurate and consistent financial reporting to MHL from RHAs, CancerCare Manitoba, AFM and other agencies.
 - Financial monitoring, completed financial templates and other reports regarding identification of required deliverables were received on monthly, quarterly and annual timelines as established by MHL.
2. Financial support provided to various departmental projects and initiatives.
 - Financial support was provided throughout the estimates process and for the financial analysis requirements in Treasury Board Submissions and Advisory Notes as well as other government initiatives. Financial support was provided internally to other areas of MHL and to other departments in all levels in government, and external agencies.
3. Economical financing of both capital construction and equipment purchases.
 - MHL ensured that competitive interest rates were being obtained on outstanding and new borrowing commitments with tenders going to all financial institutions for specific project approvals where required.

Health Information Management

The objectives were:

- To ensure the timely collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data reporting, analysis, and interpretation of health information to inform and support the strategic functions of MHL and the RHAs, including public accountability.
- To coordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2007/08 included:

1. Departmental policies for the collection, use and disclosure of health information in accordance with *The Personal Health Information Act* (PHIA).
 - Developed policies and procedures for the use of data for health research.
 - Ongoing monitoring of compliance with privacy and security policies.
 - Oversaw an initiative to improve MHL's electronic filing practices.
 - Established data sharing and researcher agreements.
2. That MHL programs, RHAs, researchers, public organizations, and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
 - Continued development and maintenance of databases to support internal and third party information requirements, including provision of data to organizations such as, the Manitoba Centre for Health Policy, Canadian Institute for Health Information, Statistics Canada.

- Facilitated access by providing leadership, information/consultation, support and training within MHL and the RHAs on a wide variety of health information matters.
 - Participated in provincial and national committees and workgroups, including providing leadership to several data quality and health indicator committees.
 - Produced many health system reports including, the Annual Statistics Report, Annual Population Report, standard reports for the RHAs, weekly and monthly statistical reporting on the MHL web site, etc.
 - Responded to ad hoc data requests from MHL, the RHAs, external agencies, researchers and the general public and produced special analysis and briefings related to health data and research publications.
 - Provided data and statistical support to the Medical Review Committee, Patient Utilization Review Committee and The College of Physicians & Surgeons standards committees.
3. Integrated a coordinated approach by MHL to health research activities.
- Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
 - Continued implementation of the bilateral agreement with the Canadian Institute for Health Information.
 - Developed and implemented researcher agreements.
 - Provided ongoing co-ordination and support to the contractual relationship between MHL and the Manitoba Centre for Health Policy, including development of the annual research agenda.
 - Reviewed research proposals to provincial and national health research funding bodies.
 - Undertook partnership activities related to health services research and research training in accordance with the agreement with the Canadian Health Services Research Foundation.

Accountability Support

The objectives were:

- To enhance accountability structures and processes for the effective management of the health system by articulating an Accountability Framework for the health system, within an accountability cycle that sets expectations, reports on performance, and evaluates performance.
- To support the department's divisions, branches, units, and the health organizations in maximizing accountability in all aspects of program and policy planning and development, service delivery, and evaluation of the health system through the implementation and ongoing monitoring of the Accountability Framework mechanisms.

The expected and actual results for 2007/08 included:

1. Integrated accountability mechanisms, including Annual Reports, Health Plans, Community Health Assessments (CHA), Performance Deliverables, and the Accountability Framework, to enhance accountability and ensure transparency within the health system.
 - Accountability Support Branch redeveloped the guidelines for health planning. The branch facilitated numerous training and orientations regarding developing health plans and the technologies to submit the plans. RHAs and AFM developed evidence informed Health Plans, with priorities and planning developed from CHA information specific to the people they serve and also for province wide considerations.
 - Ongoing department evaluation and feedback supported undertaking efficiencies in health plan analysis, strengthening the relationship between CHA and health planning and provincial priority analysis. The branch continued to advance integration of planning, through system advocacy and leadership in coordinating Department Estimates. Branch evaluation lead to the existing RHA performance deliverable process concluding in 2007/08.
 - The branch provided ongoing and specific support and leadership to RHAs for completion of their third comprehensive CHA reports anticipated in 2009 including providing a workshop regarding Community Consultation methods.
 - Accountability Support Branch developed, piloted and is evaluating an Integrated Risk Management process that includes training and technology.

2. Strengthened relationships among all partners in the health system, including the establishment of roles and responsibilities and an accountability framework to ensure transparency and accountability within the health system and enhance value in the system for Manitobans.
 - The branch's relationship to RHAs has been strengthened, with active participation in various networks. The branch has implemented an ongoing feedback process with our clients to monitor and improve the level and value of service being provided to the RHAs.
 - Through engagement with RHAs, the branch developed an Accountability Framework and a Guide to Measure, Monitor and Report that is the first guide of a three guide series.
 - The Branch, with RHAs and RHAM participation, revised the Board Governance and Accountability Policy. In addition, updated orientation and education information was provided to new and existing RHA Board members.
3. Enhanced public reporting on performance in Annual Reports and Performance Deliverables with results-based reporting within an Accountability Cycle.
 - The branch updated guidelines and feedback mechanisms based on current understanding for public performance reporting through leadership and coordination of Annual Reporting for MHHL and the RHAs. The branch continued its efforts to strengthen appropriate and meaningful performance reporting leading to the existing RHA performance deliverable process concluded in 2007/08.
 - Integrated Treasury Board Performance Reporting requirements within the department Annual Report and advanced these principles to the RHAs.
 - The Accountability Support Branch undertook activities and advocacy regarding the development of performance measurement within existing process, such as planning process, submissions for Treasury Board, project activities and system management processes.

1(c) Finance

	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Expenditures by Sub-Appropriation					
Salaries and Employee Benefits	4,991.6	83.73	5,306.9	(315.3)	
Other Expenditures	1,493.8		1,446.1	47.7	
Total Sub-Appropriation	6,485.4	83.73	6,753.0	(267.6)	

Central Services

Central Services is responsible for leadership, advice and support to the department with a focus on human resource management, legislation development, and strategic policy advice on federal, inter-provincial, inter-jurisdictional and other issues.

Central Services is composed of the following:

Human Resources

The objectives were:

- To provide leadership, advice and support to the Manitoba Health and Healthy Living (MHHL) with a focus on human resource management.

The expected and actual results for 2007/08 included:

1. Fair and consistent human resource services provided in accordance with Civil Service Commission policies and standards.
 - 154 permanent and temporary employees recruited to fill vacant positions
 - 82 positions were reclassified
 - Provided support to management in labour/management dispute hearings

- Provided advice and guidance to management in resolving many labour relations issues prior to formal grievances occurring, and ongoing consultation on day-to-day management/employee issues
 - Supported management in the devolution of Public Health Inspectors to MHHL, and the development of the Public Health and Primary Care and Healthy Living divisions
2. Timely and accurate pay and benefit administration provided to the department's civil service employees and Manitoba Support Service employees.
- Provided data maintenance and advice and guidance to employees on pay and benefits information
 - Provided pay and benefit support to approximately 4900 Manitoba Support Services employees and approximately 1500 MHHL employees and processed 1841 civil service SAP events
3. Human resource programs that meet the current and future demographic and organizational needs of the department.
- Developed a three-part Diversity Series for Managers, Human Resource Consultants and Supervisors on the Career Assistance Program for Persons with Disabilities, the Career Assistance for Members of Visible Minorities, the Aboriginal Public Administration Program (APAP), and the Aboriginal Management Development Program (AMDP) and delivered a Lunch and Learn session to promote AMDP within MHHL and provided a placement for a participant in the APAP.
 - Facilitated employee and management attendance at various training programs including, Valuing Diversity in the Workplace, Aboriginal People: Building Stronger Relationships workshop, etc.
 - Provided support and guidance in recruitment to difficult to fill positions
 - Facilitated participation for two employees in the Civil Services Women's Leadership Program
4. Integrated human resource services, including program and policy development to support the needs of MHHL and the Department of Family Services and Housing.
- Provided leadership in the departments' formal recognition program for long-service employees
 - Provided leadership in the recognition of staff at milestone years of service
 - Continued to co-chair the Department Renewal Committee

Legislative Unit

The objectives were:

- To provide leadership, advice and support on the development of legislation to MHHL.

The expected and actual results for 2007/08 included:

1. Development and coordination of Statutes and Regulations that provide a sound legislative base for meeting the mission of the department.

Legislative Proposals:

- There were three health and health related statutes amended, enacted or proclaimed (details outlined in Appendix II):
 - *The Apology Act* (Bill 202)
 - *The Healthy Child Manitoba Act* (Bill 3)
 - *The Medical Amendment Act* (Bill 22)

Proclamations:

- *The Apology Act*, (in force February 6, 2008)
- *The Healthy Child Manitoba Act*, (in force December 6, 2007)
- *The Medical Amendment Act*, (in force November 8, 2007)

Regulatory Amendments:

- Assisted in the development of seven required regulation amendments under various health related legislation (see Appendix II for details).
 - *The Freedom of Information and Protection of Privacy Act (FIPPA):*
 - ♦ There were 70 responses to FIPPA requests for information.
 - The Dental Hygienists of Manitoba Transitional Council:
 - ♦ The Dental Hygienists of Manitoba Transitional Council was established in June 2006 to establish the new College of Dental Hygienists of Manitoba (CDHM). The CDHM assumed responsibility for registering dental hygienists for the 2008 registration year. The Council completed the registration regulation and recruited an Interim Registrar and a board of assessors.
2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
 - This was met as outlined above.
 3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
 - Accurate and timely information was provided.

Federal/Provincial Policy Support

The objectives were:

To provide leadership, advice and support to the department on federal, inter-provincial, inter-jurisdictional and other issues.

The expected and actual results for 2007/08 included:

1. Manitoba's interests and objectives are advanced in federal/provincial discussions.
 - Manitoba led the implementation of the Joint Oncology Drug Review which will help ensure a more timely, effective and efficient review and evaluation of cancer drugs. Publicly announced in February 2007, this review process builds on other processes already in place.
 - Manitoba worked with Federal, Provincial and Territorial (F/P/T) colleagues to release a Progress Report on the National Pharmaceutical Strategy (NPS), fulfilling the commitments made in the 2004 Health Accord. Further work is continuing on Phase 2 of the NPS which will hopefully lead to more P/T and F/P/T collaboration on pharmaceuticals.
 - Manitoba participated with F/P/T counterparts in a Wait Times Access Conference, which provided Manitoba an opportunity to highlight the success of the Western Canada Children's Heart Network and initiatives related to orthopedics in Manitoba.
 - Manitoba, along with other F/P/T governments, has signed a Memorandum of Understanding (MOU) on Information Sharing in the event of a pandemic. Manitoba continues to work with F/P/T colleagues on MOUs on Mutual Aid and Roles and Responsibilities in the event of a pandemic as part of a provincial and national plan to prepare for a pandemic event.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,018.8	33.00	2,203.4	(184.6)	
Other Expenditures	293.5		291.7	1.8	
External Agencies	66.8		131.7	(64.9)	
Total Sub-Appropriation	2,379.1	33.00	2,626.8	(247.7)	

Corporate and Provincial Program Support

The Corporate and Provincial Program Support Division provides leadership and support to internal and external clients of Manitoba Health and Healthy Living (MHHL) with a focus on policy, planning, accountability, and support to provincial programs. The division consists of: Information Systems; Provincial Drug Programs; Drug Management Policy Unit; Corporate Services; Provincial Blood Programs; and Capital Planning.

Administration

The objectives were:

- To provide strategic leadership and solutions in support of the objectives and priorities of Manitoba's health system with a focus on policy, planning and service delivery in:
 - Information System Technology including e-Health Provincial Program
 - Provincial Drug Programs including the Drug Management Policy Unit
 - Capital Planning
 - Provincial Blood Programs
 - Corporate Services including the Correspondence Unit, Web Services, French Language Services, the Appeal Boards, and the Protection for Persons in Care Office

The expected and actual results for 2007/08 included:

1. Timely information provided to internal and external clients regarding policy issues, data access, analyses and correspondence.
 - Provided timely information to internal and external clients through correspondence and information resources.
 - Developed, administered and maintained MHHL public web site and internal site.
 - Provided MHHL with a variety of communication support services, including French Language Services.
2. Efficient and effective processes for Ministerial and departmental correspondence and communication.
 - Various processes in the centrally coordinated correspondence system were reviewed and revised for efficiency.
 - Quality and timely written responses to Ministerial inquiries were provided to internal and external clients.
3. Departmental awareness of issues and research taking place, as it relates to health and health care.
 - Provided research, technical and analytical support with respect to national and provincial drug utilization to support drug policy development.
 - Provided support and expertise to the Manitoba Centre for Health Policy study on the effects of drug listing decisions for narcotics, nonsteroidal anti-inflammatory drugs, bisphosphonates, antipsychotics, psychostimulants and asthma medications.
 - Health care facilities were developed and included transparent business and construction practices, department funding and community cost-sharing in accordance with regional need and best practices. Strategic population health objectives were also addressed while assisting the RHAs to maintain and upgrade their existing portfolio of health care facilities.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	243.8	3.00	203.3	40.5	
Other Expenditures	48.3		54.2	(5.9)	
Total Sub-Appropriation	292.1	3.00	257.5	34.6	

Information Systems

Information Systems is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of MHHL. The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to RHAs, health care facilities, health care associations, and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project coordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.

The objectives were:

- To provide or facilitate strategic information solutions to support the objectives and priorities of MHHL.
- To coordinate and align department information projects with the priorities of the department.
- To provide information systems to improve the efficiency of program delivery.

The expected and actual results for 2007/08 included:

1. Necessary data and information is accessible for staff, to achieve corporate goals and objectives.
 - The Information Systems Branch continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
 - Worked with Manitoba eHealth to assess key corporate health information systems as part of the transition of services to Manitoba eHealth to support their mandate to provide, maintain and support the delivery of and access to relevant health and administrative information to health care providers and managers within the provincial health system. Three corporate systems were identified for transfer to Manitoba eHealth.
2. Corporate systems are compliant with *The Personal Health Information Act* (PHIA).
 - Manitoba, through Manitoba eHealth, is actively involved in Canada Health Infoway's Pan-Canadian Electronic Health Record Standards Collaboration Process. Manitoba eHealth, in partnership with other publicly funded health sector organizations, represents the provincial health sector's requirements in the area of information standards. Manitoba eHealth is represented on Infoway's Standards Steering Committee, Standards Advisory Committee and on the Pan-Canadian Standards Working Groups including: interoperable Electronic Health Record; Client Registry; Provider Registry; Diagnostic Imaging – Cross Document Sharing; Clinical Terminology Integration; and Laboratory and Public Health Surveillance.
3. Effective electronic data interchange between MHHL and health care providers.
 - Coordinated and facilitated the continued expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.
 - Completed formal risk assessments of the Drug Program Information Network technical infrastructure.
 - Completed upgrades to the datacenter at 300 Carlton as part of infrastructure renewal; increased network bandwidth capacity; and enhanced electronic exchange processes with other health jurisdictions.
4. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules provided.
 - Completed and implemented the new Provincial Insurance Registry web-based system used to uniquely identify all residents eligible for insured health services in Manitoba.
 - Completed the re-engineering of the payment component of the Drug Programs Information Network application to web-based technology.
 - Completed the roll out of current technology for electronic claims exchange with the final group of health care practitioners that used paper-based claims billing.

- Completed the first phase of the National Rehabilitation Reporting System (NRS) involving the Winnipeg Regional Health Authority (WRHA), Manitoba eHealth, MHHL and the Canadian Institute for Health Information.
- Started work on the second and final phase of the NRS project.
- Completed the second phase of medical and hospital claims exchange with the Worker's Compensation Board.
- Completed the business requirements phase of the Manitoba Health Pandemic Planning Project.
- Implemented a number of change requests initiated by the Clinical Advisory Committee for the Chronic Disease Management information system in Manitoba.
- Completed the registry file exchange project with CancerCare Manitoba for the Colorectal Screening Program pilot.
- Completed a significant number of improvements to the Communicable Disease Control computer application.
- Took over the information technology support of the Emergency Management Services computer application and are now providing change management services for the business area.
- In conjunction with the Department of Science, Technology, Energy and Mines completed the Phase 2 Assessment for the Medical Claims Processing System replacement, and received approval to proceed to Phase 3 – Business Solution Scoping.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	3,921.3	61.90	4,040.8	(119.5)	
Other Expenditures	887.7		1,649.5	(761.8)	
Provincial Program Support Cost	4,122.3		4,229.4	(107.1)	
External Agencies	45.0		65.1	(20.1)	
Total Sub-Appropriation	8,976.3	61.90	9,984.8	(1,008.5)	

Provincial Drug Programs

Provincial Drug Programs is responsible for the administration of four distinct and separate drug benefit programs for Manitobans: Manitoba Pharmacare; Employment and Income Assistance participants; residents of personal care homes; and the Palliative Care Drug Access Program. It also administers a program that provides funding assistance for devices to help Manitobans with physical disabilities. Provincial Drug Programs does not include drug expenditures for hospital and personal care home in-patients.

The Professional Services Unit is responsible for:

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee; a committee of physicians and pharmacists which makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Formulary
- Participation in the Common Drug Review (CDR) that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness
- Analysis and monitoring of the Drug Programs Information Network data
- Professional direction and support for the Exception Drug Status (EDS) Office that provides approval on an individual basis for drugs that have designated criteria established

The Operations Unit is responsible for:

- Customer focused service to provide current information to the public either by phone, in person, fax, internet or mail
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone

- Processing applications to the Pharmacare Program
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program

The objectives were:

- To administer drug programs that provide access to Insured Benefits for all Manitobans as prescribed by *The Health Services Insurance Act*, *The Prescription Drugs Cost Assistance Act*, and *The Pharmaceutical Act*.
- To provide funding assistance to persons of all ages who have physical disabilities and require devices to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2007/08 included:

Operations Unit

1. Consistent customer focused service provided.
 - Resolution of 96,000 public requests for service and 116,000 pharmacist requests for service by the helpdesk customer service representatives.
2. Manitobans aware of and receiving benefits to which they are entitled.
 - There were 203,411 Pharmacare applications processed and 87,943 families who received benefits from the Pharmacare Program.
 - There were 53,911 ancillary programs device claims processed for 36,458 individuals.
3. Continuous evaluation of work processes to improve effectiveness and efficiency of the program.
 - Introduced web based screens for EDS approvals to streamline and reduce processing times.
4. Proactive opportunity assessment and timely risk resolution.
 - Initiated a review of the Pharmacare income projections.

Professional Services Unit

5. A streamlined drug review process to ensure ongoing access to cost-effective medications.
 - Continued commitment to the CDR process and recommendations for listing new drugs. Commitment to the Joint Oncology Drug Review process and recommendations for drugs used in the treatment of cancer.
 - Implemented new generic product submission requirements to obtain generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
6. The addition of new drug benefits to *The Prescription Drug Costs Assistance Act*.
 - Added 126 new drugs in 18 therapeutic categories to the Manitoba Drug Formulary.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,046.7	44.00	2,310.3	(263.6)	
Other Expenditures	567.0		536.7	30.3	
Total Sub-Appropriation	2,613.7	44.00	2,847.0	(233.3)	

Corporate Services

The Corporate Services Branch monitors, evaluates, and promotes compliance to *The Protection for Persons in Care Act*, provides the structure and processes to support health care services appeals, coordinates French Language Services for internal and external clients, and manages communication through the MHHL internal and external web sites.

Administrative Services

The objectives were:

- The primary objectives of the Corporate Services Branch are to provide support for department-wide operations in designated areas; provide appeals mechanisms for external stakeholders; and manage the reporting and investigation of alleged patient abuse in the health care system. The Corporate Services Branch includes: the Correspondence Unit; the Web Services Unit; French Language Services; the Manitoba Health Appeal Board; the Mental Health Review Board; and the Protection for Persons in Care Office (PPCO).

The expected and actual results for 2007/08 included:

1. Correspondence processes for the Ministers and the department reviewed and enhanced.
 - Various processes in the centrally coordinated correspondence system were reviewed and revised to improve efficiency and effectiveness.
2. Quality, timely information regarding correspondence and information management provided to internal and external clients.
 - Quality and timely written responses to ministerial inquiries were provided to internal and external customers.
 - Administrative staff was oriented on the newly implemented Activities and Issues Management System for tracking ministerial correspondence.
 - The Manitoba Health Appeal Board reviewed and revised many of its appeal processes resulting in improved correspondence to the public and improved efficiencies in its operations.
3. Departmental Guides such as the Manager's Guide to Employee Recognition and the RHA Correspondence Guide and related processes reviewed and updated annually.
 - The RHA Correspondence Guide and related processes were updated.
 - The Manager's Guide to Employee Recognition was a precursor to the formal "long service" and "recognition of service" program; the recognition program being part of the ongoing Renewal Initiative.
4. MHHL's public web site and internal intranet site further developed.
 - Support for launch of the "Moving Around Manitoba" initiative.
 - Introduction of the "Healthy Schools eNews" subscriber service.
 - Web site in support of "Review & Rate IV" teen smoking prevention program.
 - Initiation of process to convert all public content to new Government web templates.
5. French Language Services which meet the expectations of the Provincial French Language Services Policy.
 - Bilingual positions are designated throughout MHHL.
 - All documents developed for the general public are in both official languages.
 - Most of the MHHL web site is available in French.
6. The Manitoba Health Appeal Board and the Appeal Panel for Home Care are fully integrated.
 - Home Care appeal hearings are now heard by the Manitoba Health Appeal Board.
7. Improved reporting of alleged patient abuse to the PPCO.
 - Approximately 1,460 alleged abuse reports were received by the PPCO, a slight increase from the 1,447 alleged abuse reports received in 2006/07.

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8. Improved accountability mechanisms implemented by the PPCO.
 - PPCO policies, procedures and processes were reviewed and revised, and five new policies were initiated to improve accountability.
9. Current information on department policy available to departmental staff on the MHHL Intranet site.
 - The MHHL intranet policy site was reviewed and revised, providing information on MHHL policy and on policy development.
10. Effective Communication between the department and the MBTelehealth Program (provincial).
 - Effective communication between the MBTelehealth Program and MHHL is facilitated by a designated MHHL liaison. The liaison also sits on the Manitoba Telehealth Provincial Strategy and Investment Council. This council provides strategic direction regarding new initiatives and proposals submitted to MBTelehealth.
 - MHHL, working with the WRHA and MBTelehealth, revised the MBTelehealth intake process and associated policies to ensure a clear, consistent and responsive process for organizations and RHAs exists.

Web Services

The Web Services Unit provides public access to departmental information, on-line services and applications through its web sites according to government and departmental policies, and provides MHHL with a variety of communication support services.

The objectives were:

- To develop, administer and maintain MHHL's public web sites and internal intranet site.

The expected and actual results for 2007/08 included:

1. Continuing development of MHHL public web sites and internal intranet site.
 - Continued development of MHHL web sites and the internal intranet site included:
 - Support for launch of the "Moving Around Manitoba" initiative
 - Introduction of the "Healthy Schools eNews" subscriber service
 - Web site in support of "Review & Rate IV" teen smoking prevention program
 - Initiation of process to convert all public content to new Government web templates
2. Positive feedback from internal and external clients regarding accessibility and nature of web content.
 - Positive comments and suggestions received from internal and external clients have resulted in ongoing improvements to site design, navigation, and content.
3. Increased web site visits and activity as reported by WebTrends statistical software.
 - There were 3,168,047 page views for all public web sites, a 22.1% increase over 2006/07.

Protection for Persons in Care Office

The Protection for Persons in Care Office (PPCO) administers *The Protection for Persons in Care Act*, including operating an abuse reporting line to receive the alleged abuse reports, investigating allegations of abuse, issuing Ministerial directives to health care providers regarding improvements that can be made, and providing educational sessions on abuse identification and prevention.

The objectives were:

- To respond to and assist in the prevention of the abuse of patients in health care facilities under the legislative requirements of *The Protection for Persons in Care Act*, through effective assessment, intervention, prevention, and educational awareness strategies, in collaboration with internal and external stakeholders.

The expected and actual results for 2007/08 included:

1. Timely and effective inquiry/investigation of allegations of abuse occurring in health care facilities.

- Positive feedback through a survey of health care administrators was received:
 - ♦ 93% of respondents agreed with the statement "PPCO staff keep the facility informed about the status of an alleged abuse report in a timely and effective manner".
 - ♦ 97% of respondents agreed with the statement "the PPCO investigation completed at the facility was performed in a timely manner with a minimal amount of disruption" where facilities had been involved with a PPCO investigation.
- 2. Improved awareness of staff in health care facilities and the general public of how to identify and prevent abuse.
 - The Protection for Persons in Care Office presented 109 educational sessions to 1500 participants (health care staff and the public) on abuse identification and prevention; 99% of respondents provided feedback indicating that significant learning had occurred.
 - A survey of health care administrators indicated that:
 - ♦ Where a facility received PPCO information materials, 94% agreed that "the PPCO brochures and posters are useful to our staff" and 100% agreed that "the PPCO Learning Package" contained useful information.
 - ♦ In facilities that had received PPCO educational presentations, 98% of respondents agreed with the statement "presentations, workshops and case studies reviews completed by PPCO staff for our facility have been useful".
- 3. Timely and effective responses to Ministerial inquiries and requests for information.
 - The PPCO met all timelines for response to Ministerial inquiries and requests for information.
- 4. Positive feedback from internal and external clients regarding accessibility to and nature of information related to *The Protection for Persons in Care Act*.
 - See actual results under expected results #2.
- 5. Congruence between the operations of the Protection for Persons in Care Office and *The Protection for Persons in Care Act*.
 - The PPCO made revisions to current policies and initiated five new policies to reinforce the congruence between the operations of the Protection for Persons in Care Office and *The Protection for Persons in Care Act*.

French Language Services

French Language Services ensures the French-speaking population of Manitoba have availability and accessibility to services in French within MHHL and the RHAs have improved capabilities to provide essential health services in francophone-designated areas.

The objectives were:

- To provide a consultative, advisory and administrative link among all sections of MHHL, Addictions Foundation Manitoba (AFM), RHAs; Regional Health Authorities of Manitoba, other agencies funded by MHHL and the public it serves in matters relating to French Language Services.

The expected and actual results for 2007/08 included:

1. Internal and external clients receive timely information about French Language Services.
 - All translation requests for internal clients were processed within the standard timeframes.
 - All public information for external clients was made available in both official languages, either in hard copy or on the web sites.
 - All material produced for the public was made available in both official languages.
 - All new material posted to the MHHL web sites was made available in both official languages.
2. Services provided through MHHL which are accessible and provided in a satisfactory manner to Francophone community.
 - MHHL has not received any complaints from the general public concerning the availability or provision of services in French, for the third consecutive year.

- MHHL's French Language Services Coordinator remains an active participant in the Conseil communauté en santé board of directors and Manager's Round Table, which in cooperation with MHHL and the regional health authorities, helps promote the delivery of health services in French to Manitoba's French-speaking population.
- MHHL French Language Services Coordinator chaired the Manitoba Addictions Awareness Week committee for the second consecutive year. The committee celebrated 15 years of bringing addictions awareness in both official languages to schools and community groups across Manitoba.

Appeal Boards

The Manitoba Health Appeal Board is a quasi-judicial body which hears appeals as specified under *The Health Services Insurance Act*, *The Emergency Medical Services and Stretcher Transportation Act* and *The Mental Health Act*. In May 2006, the Minister of Health merged the Appeal Panel for Home Care with the Manitoba Health Appeal Board. Home Care Program appeals continue to be heard by this Board.

The objectives were:

- To provide the public with an appeal process for decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, the Hepatitis C Assistance Program, the Home Care Program, and other appeals as mandated in legislation.
- To perform other duties as assigned by acts of legislature or by the Minister of Health.

The expected and actual results for 2007/08 included:

1. Appellants and the respondents are ensured natural justice, fairness and due process.
 - Hearings were conducted in accordance with principles of natural justice, fairness and due process.
 - Final transition of Home Care appeals was completed and was held in accordance with the same principles as all other appeal hearings conducted by the Board.
 - Mediation assistance between clients and regional health authority Home Care staff was offered and some matters were resolved without the necessity of appeals being filed and/or hearings being held.
 - Board's Rules of Procedure, hearing correspondence and hearing processes were improved to ensure that all parties were well informed of their rights about attendance and/or participation at hearings.
 - Appeals conducted by means of videoconferencing were offered to appellants who reside out of town.
 - Board members were provided with educational sessions on issues about hearing process and natural justice.
2. Timely, fair and impartial adjudication is provided, and independent decisions about appeals are made.
 - Appeal decisions were released to the parties within two to three weeks.
 - Appellants on Insured Benefit appeals who were awaiting medical treatment were given priority over those appeals where the medical treatment had already been provided.
 - The chairperson specifically discussed the independent role and decision-making process of the Board with all parties at the hearings.
 - The format of Board decisions was improved and more detailed reasons were included in the written decisions of the Board.
 - Ongoing training was provided to the Board in the areas of independence, impartiality and the hearing process.
 - Development began on a Conflict of Interest Policy for board members to provide them with clear direction when involved in a potential, perceived or real conflict with a party (to be completed in 2008/09).

3. Enhanced communication between the health care community, the community at large, and the Minister.
 - Communications with a regional health authority's Home Care Program was significantly enhanced which resulted in past issues of concern being resolved and led to the implementation of a mediation process.
 - Improvements to the Board's web sites, information pamphlet and Board information in Home Care Guide were made and will be implemented in 2008/09.
 - Many improvements were made to formalize and streamline the Board's hearing process and communications to the public about appeals.
 - Improvements were made in the Board's procedures to ensure that the consent provisions of the privacy acts are adhered to at all times.
 - A digital recording process was implemented for all appeal hearings to establish a formal record in the event that a judicial review is filed with the Court.

Mental Health Review Board

The Mental Health Review Board is a quasi-judicial body established under *The Mental Health Act* that hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

The objectives were:

- To provide and administer an appeal process for the admission or treatment of a patient in a psychiatric facility.

The expected and actual results for 2007/08 included:

1. Well administered hearings and quality decisions that service the health care community and the community at large.
 - The Board rendered decisions reflecting a balance between the rights of the individual, the protection of society and society's concern for helping those not able to help themselves. Timely, fair and impartial adjudication was provided for 50 hearings as compared to 42 hearings in 2006/07. Rationale for decisions is mandatory and was provided to all parties for each hearing.
2. Patients/families/physicians given the opportunity to make appeals and be represented by counsel at hearings.
 - The Mental Health Review Board processed 208 appeals as compared to 221 in 2006/07. Applicants had the opportunity to be represented by legal counsel or the Rights Consultant of the Canadian Mental Health Association.
3. Uniform application of the legislation and Board policies throughout the province.
 - The Mental Health Review Board adjudicated and rendered decisions on appeals as specified within *The Mental Health Act*, according to the 21 day Regulation and the Board's procedures and policies. The Board provided uniform application of the legislation in keeping with the principles of fundamental justice.

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,299.4	21.00	1,236.8	62.6	
Other Expenditures	667.2		959.1	(291.9)	
External Agencies	595.6		595.6	-	
Total Sub-Appropriation	2,562.2	21.00	2,791.5	(229.3)	

Capital Planning

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

The objectives were:

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2007/08 included:

1. A capital plan that supports the department's population health objectives.
 - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment, the development of new programs, improved facilities and enhanced community-based services.
 - Construction of new acute and primary health care facilities.
 - New infrastructure to support programs such as cancer and dialysis.
 - Ongoing review and analysis of the capital sections of the regional health plans.
2. Health capital projects which are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
 - Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
 - Continued incorporation of the Power Smart Standards, to the greatest extent possible, for new construction and renovation projects.
 - Followed the Green Building Policy for Government of Manitoba Funded Projects on green building standards requiring all new capital projects to be built to a minimum LEED® (Leadership in Energy and Environmental Design) Silver rating or as close to a LEED® certified standard wherever practical.
 - The following projects have been registered with the Canadian Green Building Council (CaGBC) as a LEED® Silver project:
 - Seven Oaks General Hospital – Emergency Room Development – This project is registered with the Canadian Green Building Council's Leadership in Energy and Environmental Design for Commercial Interiors (LEED-CI) program and is targeting a Silver rating. When successful this project will represent the first government funded health facility to achieve this green building designation.
 - Neepawa Personal Care Home (PCH) – The project is registered with the Canadian Green Building Council's Leadership in Energy and Environmental Design for New Construction (LEED-NC) program and is targeting a Silver rating. When successful this project will represent the first government funded health facility to achieve this green building designation.
 - Aboriginal PCH – This 80 bed 54,000 square foot Aboriginal PCH in Winnipeg completed contract documents and has been designed with ground source heating. This project will achieve LEED® Silver designation.
 - Victoria General Hospital – This multi-phase project West Side Piling, Oncology and Office Space is registered with LEED-CI for Commercial Interiors.
 - Thompson Residential Care and Outreach Facility – This 24 bed 19,252 square foot addictions treatment facility will meet LEED® Silver registration.
3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
 - Ongoing function of the Branch in relation to all projects.
4. Timely and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.

- Supported ongoing collaborative planning with RHAs to prioritize current and future safety and maintenance requirements.
- 5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
 - Collaborated with the RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
 - Continued to deliver a stable and appropriate number of safety, maintenance and repair projects.
 - Developed new facilities in support of new service delivery models and innovative services such as new community-based clinical diagnostics, treatment services and community-based surgical initiatives.

Capital Projects completed during the fiscal year:

Acute Care:

- Health Sciences Centre (HSC) – Pediatric Ophthalmology Clinic Redevelopment: provides better access to specialized health care for children. A larger and more child-friendly space and new eye imaging and testing equipment are the major features of this project.
- Deloraine Health Centre – Community Cancer Program: enhances access to chemotherapy services at Deloraine Hospital. The Deloraine program affords cancer patients in the southwest corner of Assiniboine Health Region improved quality of life by reducing the travel required to access diagnostic services and chemotherapy treatment.
- Thompson General Hospital – Hemodialysis Expansion: 6,200 square foot Hemodialysis Expansion (Burntwood Region) offers local residents access to dialysis services closer to where they live.
- Renovations to St. Anthony's Hospital (The Pas Hospital) Emergency / Special Care Unit and Dialysis Units (NOR-MAN Region): a three-bed special care unit with a renovated exam and treatment area and an expanded 10 bed dialysis unit.
- Steinbach – Bethesda Hospital – Outpatient Chemotherapy Program and obstetric facilities: includes four new birthing rooms.

Primary Care:

- Dauphin – Community Health Services Building: accommodates community health services, such as public health, community mental health and home care, along with Parkland RHA Corporate Services as well as the family medicine program.
- Notre Dame de Lourdes – Lourdeon Wellness Centre: MHHL contributed funds in support of the medical component of this 16,500 square foot wellness centre in the Central Region.

Long Term Care:

- River Park Gardens: new 53,000 square foot 80-bed personal care home in St. Vital (WRHA).

Provincial Programs:

- Ilford Nursing Station: replacement and modernization of a time-expired community health operation in Ilford (Burntwood Region).
- Thompson: new five bed free-standing residences for persons with acquired brain injuries (Burntwood Region).

Capital Projects initiated (under construction) during the fiscal year:

Acute Care:

- WRHA - Concordia General Hospital - Emergency Department Renovations: the 2,700 square feet expansion and renovation of existing space will include: a new entrance and expanded waiting areas; new triage area with private spaces for registration; a private family room; an enlarged nurse station/charting area; renovation of existing treatment areas; and the provision of a secure room.

- **WRHA - Misericordia Health Centre - Sleep Lab:** this project located at Misericordia consolidates locations at St. Boniface General Hospital and HSC into one 8,000 square foot facility. It will provide accommodation for 10 sleep rooms, a monitoring area with five work stations, exam rooms and offices, clinical and administrative staff and will incorporate bariatric standards.
- **WRHA - Seven Oaks General Hospital - Emergency Room Redevelopment:** this project will upgrade and expand Winnipeg Seven Oaks General Hospital emergency department. The first phase (new construction) will be operational in July 2008 and the remaining internal renovations (phase 2) are scheduled for completion in the fall 2008. The completed project will increase emergency room space by almost 50 percent.
- **WRHA - Victoria General Hospital - Emergency Department and Outpatient Redevelopment [West Side Piling, Oncology and Office Space]:** this multi-stage, multi-phase project West Side Piling, Oncology and Office Space are well into construction. The first stage of construction is the Oncology Foundation office and main entrance work with the Emergency Department construction starting in the fall 2008.

Primary Care:

- **WRHA - North End Wellness Centre - Primary Health Care Office:** development of approximately 3,200 square feet of primary health care leased office space at the North End Wellness Centre, 365 McGregor Street.

Long Term Care:

- **Neepawa - The Neepawa PCH project (Assiniboine Region):** a 100 bed Personal Care Home project to replace the former East-View Lodge is in construction. The project is registered as a LEED® project with the intention of attaining a Silver rating.

Provincial Programs:

- **Selkirk Mental Health Centre - Redevelopment (Interlake Region):** when completed will provide a ground level building with a 30 bed acquired brain injury unit, a 75 bed geriatric mental health unit, living space, quiet lounge, kitchen area, access to an outdoor courtyard for each unit, and space for rehabilitation therapy.
- **Thompson Residential Care and Outreach Facility (Burntwood Region):** a 24 bed residential addictions treatment facility.

Safety and Security:

- Approximately 185 Safety and Security/maintenance projects were approved throughout the province.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	686.9	11.00	795.5	(108.6)	
Other Expenditures	145.7		208.0	(62.3)	
Total Sub-Appropriation	832.6	11.00	1,003.5	(170.9)	

Drug Management Policy Unit

The Drug Management Policy Unit was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

The objectives were:

- To sustain provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost efficient and effective and equitable, sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2007/08 included:

1. A provincial strategic drug management framework supported by integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
 - Advanced the development of a strategic drug management framework where the activities of the department related to pharmaceuticals are coordinated.
 - Participated in the Patent Medicines Review Board regulatory framework development.
 - Chaired the National Prescription Drug Utilization Information System Advisory Group.
2. Strong collaborative relationships with external stakeholders in the development of drug management policy and implementation of initiatives.
 - Developed and gained industry-wide acceptance and support for Utilization Management Agreements with pharmaceutical manufacturers to provide cost guarantees, manage promotion and appropriate prescribing and provide investments in utilization management and health outcomes research.
 - Developed new generic product submission requirements to obtain generic drug pricing in Manitoba which is equitable to that in other Canadian jurisdictions.
 - Co-lead the Provincial/Territorial Oncology Collaboration that developed and established the Joint Oncology Drug Review. This is a national interim process for the evaluation of cancer drugs to ensure a timely, effective and efficient review process. This collaboration is expected to provide consistent and equitable access to oncology treatment across the country.
3. Enhanced communication between the department and the health care community and the key stakeholders in the pharmaceutical sector.
 - In partnership with the Department of Science, Technology, Energy and Mines, contributed to the establishment of the Pharmaceutical Liaison Committee to facilitate ongoing dialogue between government and the pharmaceutical/industry stakeholders (trade, generic, biotechnology sectors and various industry stakeholders).
 - In collaboration with the Department of Science, Technology, Energy and Mines, planned and staged the inaugural Communication Forum for the purpose of establishing continued dialogue between government and industry on ways to improve the Manitoba environment for innovation while sustaining the health care system, and identifying ways in which MHHL can work cooperatively with other government departments and industry on improving the health outcomes of Manitobans.
 - In consultation and collaboration with the Manitoba Pharmaceutical Association and the Manitoba Society of Pharmacists, developed communication strategies directed at prescribers, pharmacists and end-users to increase awareness of pharmaceutical costs and to improve utilization through increased knowledge.
 - Implemented communication sessions to a wide ranging audience regarding the Deductible Installment Payment Program for Pharmacare.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	407.7	6.00	465.2	(57.5)	
Other Expenditures	202.8		183.0	19.8	
External Agencies	91.8		91.8	-	
Total Sub-Appropriation	702.3	6.00	740.0	(37.7)	

Provincial Blood Programs Coordination Office

Provincial Blood Programs Coordination Office (PBPCO) provides collaborative leadership to the provincial blood system to facilitate effective, efficient utilization, and management of blood and blood

products through a multi faceted strategy involving professionals, patients and the public. On behalf of the province, PBPCO provides policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services and the Canadian Blood Agency. PBPCO continues to manage and administer the Manitoba Hepatitis C Financial Assistance Program.

The objectives were:

- To coordinate the Manitoba Blood system including the provision of transfusion services of blood and blood products to patients of medical practitioners and hospitals in the province.

The expected and actual results for 2007/08 included:

1. Enhanced surveillance through the Adverse Event Reporting System (AERS).
 - The AERS data collection form and guidebook have been revised and will be distributed throughout the province in the fall 2007.
 - Reporting algorithms and modifications to the data collection form and system will facilitate the collection of adverse events arising from the administration of blood product derivatives.
2. Produce Transfusion Medicine Nursing Quality Manual.
 - The Nursing manual has been completed and distributed throughout the province.
3. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
 - The PBPCO continues to work with the Hemophilia program in order to ensure the effective, efficient and appropriate use of blood product derivatives.
4. Timely and accurate response to inquiries regarding Blood Programs.
 - PBPCO continues to provide timely and accurate information to external and internal stakeholders.
5. Establishment of an enhanced and renewed quality assurance program for laboratory sciences to develop and monitor standards and standards development.
 - In conjunction with the College of Physicians and Surgeons of Manitoba, new standards of practice have been developed based on revisions to the pertinent bylaws of the College in order to enhance the effectiveness and efficiency of the Manitoba Quality Assurance Program.

2(g) Provincial Blood Programs Coordination Office

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	172.6	2.00	168.0	4.6	
Other Expenditures	147.7		46.6	101.1	
Total Sub-Appropriation	320.3		214.6	105.7	

Manitoba Centre for Health Policy

Provides funding to the Manitoba Centre for Health Policy for population health studies.

The objectives were:

- To provide funding for policy evaluation and research initiatives.

The expected and actual results for 2007/08 included:

1. Five major studies for MHHL that provide an analysis and assessment of priority health issues in Manitoba.
 - Evaluation of the Healthy Baby Program
 - The RHA Indicators Atlas Update

- The Health and Health Care Use of Métis people living in Manitoba: A population-based study
- Long-term Evaluation of the Physician Integrated Network (PIN) Initiative
- Obesity and Healthy Living – Risk and Prevention Factors

The reports arising from the deliverables are expected to be completed in fiscal year 2007/08 or later.

2(h) Manitoba Centre for Health Policy

	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Expenditures by Sub-Appropriation					
Other Expenditures				-	
Manitoba Centre for Health Policy	1,850.0		1,850.0	-	
Total Sub-Appropriation	1,850.0		1,850.0	-	

Health Workforce

Insured Benefits

Insured Benefits administers and ensures compliance with the Acts and Regulations for the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit and Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

The objectives were:

- To provide policy direction and leadership in the development and delivery of Insured Services, health labour relations negotiations and funding arrangements, and workforce policy and planning to the Health Workforce Division.
- To provide provincial leadership in the development of key strategic policy and program frameworks, and administer programs that provide access to insured benefits under the Medical Program, Registration and Client Services, Family Doctor Connection Program, Eligibility and Portability Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits, Inter-Provincial Hospital, and Medical Programs and the Transportation Subsidy Program, within legislative parameters.

The expected and actual results for 2007/08 included:

1. Contribute to a sustainable health care system in Manitoba by ensuring that Manitobans are informed of and receive benefits to which they are entitled, and receive customer focused service.

Registration and Client Services

- Visits to the Client Services counter increased from 155,217 in 2006/07 to 230,344 in 2007/08.
- Client Services handled 130,621 telephone enquiries.
- Issued 61,216 address changes and 92,734 Manitoba Health Registration Cards.
- Customers who mailed in applications waited approximately two weeks to receive Manitoba Health Registration Certificates.
- Issued 15,441 new Registration Numbers in Manitoba with 15,587 new certificates issued to 18-yr-olds receiving their own individual registration numbers in addition to 56,768 status changes (ex: newborns, marriages, separations and deaths).
- The Family Doctor Connection Program handled 19,488 enquiries.
- Registration and Client Services achieved a time frame of 10 to 15 minutes in assisting clients attending the office in person.

Medical Claims

- Received and processed: 17,966,173 physician services; 184,425 optometric services; 913,111 chiropractic services; 4,616 oral surgery services; and 35,359 registered nurse extended practice services.
- Processed 239,596 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Interprovincial Reciprocal Agreement.

Out of Province Claims

- Adjudicated 1,487 requests from Manitoba specialists for coverage of services outside of Manitoba.
- Provided \$1.3 million in travel subsidies to 633 patients for 954 international and domestic trips.
- Adjudicated 6,244 physician claims, 2,731 out-patient visits and 2,265 in-patient days for emergency care outside of Canada.
- Paid \$9.3 million to other provinces and territories for physician's fees and \$25.6 million for hospitals services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by MHHL as a result of billings to other provinces and territories for care provided to their residents totaled \$11.9 million for physicians fees and \$37.2 million for hospital services.
- Represented MHHL in 26 hearings of the Manitoba Health Appeal Board.

3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,600.1	123.29	5,897.1	(297.0)	
Other Expenditures	2,063.6		2,049.9	13.7	
Total Sub-Appropriation	7,663.7	123.29	7,947.0	(283.3)	

Medical Labour Relations

Medical Labour Relations represents Manitoba Health and Healthy Living (MHHL) in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors and optometrists and in remunerating these professionals in accordance with provincial regulations, policies and agreements.

The activities undertaken within the Branch provide for the planning, development and implementation of strategic policies for physician resources, recruitment support and medical profession regulation.

The objectives were:

- To represent MHHL in negotiations/arbitration concerning fee-for-service and alternate remuneration for medical and medical related health practitioners.
- To develop appropriate alternate funding arrangements with medical professionals and organizations within the health authority structure.
- To administer both fee-for-service and alternate funded agreements/arrangements.

The expected and actual results for 2007/08 included:

- A comprehensive compensation agreement for both fee-for-service and alternate funded physicians.
 - Implementation and ongoing administration of the June 27, 2005 Master Agreement between MHHL and the Manitoba Medical Association for both fee-for-service and alternate funded physicians.
 - Negotiation of a new agreement was signed between MHHL and the Manitoba Medical Association to provide for compensation for medical services provided by Emergency Room physicians at the Tertiary, General and Community Hospitals.

- Negotiation of a new agreement was signed between MHHL and the Manitoba Medical Association to provide for compensation for on-call medical coverage provided by physicians at Basic A and B hospitals.
 - Commencement of negotiations for a new Master Agreement between MHHL and the Manitoba Medical Association for both fee-for-service and alternate funded physicians.
2. Renewal of agreements with other medical related health practitioner groups, as they expire.
- Negotiation of a new agreement between MHHL and CancerCare Manitoba to provide for compensation to the hematologists and oncologists providing medical services to CancerCare Manitoba.
 - Negotiation of a new medical service agreement between MHHL and AMDOCS Inc. for the provision of medical services in the community of Cross Lake.
 - Negotiation of an extension agreement between MHHL and the University of Manitoba respecting the continuation of the Manitoba Locum Tenens Program.
3. Clearly defined mandates and organizational goals for Medical Labour Relations.
- Mandate was established to negotiate a new Master Agreement between MHHL and the Manitoba Medical Association for both fee-for-service and alternate funded physicians.
 - Mandate was established to negotiate a new agreement between MHHL and the Manitoba Medical Association for private laboratories.
 - Mandate was established to negotiate a new agreement to provide for compensation for medical services provided by Emergency Room physicians at the Tertiary, General and Community Hospitals.
4. An efficient and effective information network to support Medical Labour Relations in its decision making.
- Ongoing participation in the Health Cross Jurisdictional Database activities.
 - Ongoing participation on the Expert Group of Physician Related Databases with the Canadian Institute for Health Information.
 - Regular meetings with the regional health authorities (RHAs), other stakeholder groups and agencies respecting physician related issues.
 - Extensive consultation with the RHAs in preparation for negotiations with the Manitoba Medical Association for a new Master Agreement.

3(b) Medical Labour Relations

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	998.5	12.00	1,089.7 *	(91.2)	
Other Expenditures	824.2		1,134.6 *	(310.4)	1
External Agencies	893.8		931.3	(37.5)	
Total Sub-Appropriation	2,716.5	12.00	3,155.6	(439.1)	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. Under-expenditure primarily due to lower volume of professional services

Workforce Policy and Planning

The objectives were:

- To develop policies and strategies to support the availability of appropriate healthcare professionals and workers (physicians, nurses and allied health professionals) to deliver healthcare services in Manitoba, including recruitment/retention strategies.
- To review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades and support sectors.

The expected and actual results for 2007/08 included:

1. Evaluation of recruitment/retention strategies for nurses, physicians, and allied health professionals, and improved recruitment and retention of physicians, nurses and other health care providers.
 - A report titled Manitoba's Health Human Resource Plan – A report on supply was produced and made publicly available in 2006. This report details the current supply of health care professionals in the physician, nursing, and allied health sectors. It also outlines the initiatives in place today and being developed in the future to help recruit and retain health professionals in Manitoba. To date, work continues on these workforce initiatives.

PHYSICIANS

- The Medical Student and Resident Financial Assistance Program (MSRFAP) was established in 2001.
- The Educational Assistance Option under the MSRFAP has distributed over 1,024 grants to 623 clients.
- The Practice Assistance Option under the MSRFAP was enhanced to provide yearly grants of up to \$5,000 to physicians for each year of full-time work in urban Manitoba, and five yearly grants of up to \$25,000 to physicians for each year of full-time work in rural Manitoba. The program is currently being evaluated to assess the effectiveness of these incentives in recruiting and retaining physicians in Manitoba. It is expected that the review of the program will be completed by the end of the 2008/09 fiscal year.
- The Medical Licensure Program for International Medical Graduates was implemented to assist international medical graduates living in Manitoba to obtain conditional medical registration and begin primary care practice in the province. Program capacity has increased from 10 to 25 spots and anticipated to increase to 35 in the future.

NURSES

- The Nurses Recruitment and Retention Fund (NRRF) has allocated more than \$19.3 million towards strategies to recruit and retain nurses in the Manitoba workforce since 1999. As of December 31, 2007, 973 nurses have received NRRF relocation assistance to work in Manitoba, 496 individuals have received funding for refresher programs to re-enter the nursing workforce and more than \$8.5 million was allocated to the RHAs for nurses' continuing education.
- A regulation came into effect to allow registered nurses, who meet the qualifications outlined by the College of Registered Nurses of Manitoba, to order diagnostic tests, prescribe drugs, and perform certain medical procedures independently. MHL developed a plan to support the policy direction for improving access to primary health care services by increasing the utilization of nurse practitioners on the extended practice register RN(EP). Included in the plan, a nurse practitioner consultant was hired to provide leadership and support for RN(EP) implementation in Manitoba. As well, \$1.2 million in funding for an additional 12 RN(EP) positions was made available.

2. Accessible training programs for health professionals, and improved retention of new Manitoba graduates in Manitoba healthcare settings.

PHYSICIANS

- Enrollment in the undergraduate medical program at the University of Manitoba's Faculty of Medicine has increased from 85 to 100.
- \$50,000 return-of-service grants continue to be available to physicians to return to school to undertake additional training in an area of need such as emergency medicine or anesthesiology.
- Work began to support the establishment of the Physician Assistant training program. This two year Master's level program will begin in fall 2008 with an intake of 12 students.
- There were 41 newly licensed physicians in Manitoba who obtained their M.D. from the University of Manitoba Faculty of Medicine (*Source: College of Physicians and Surgeons of Manitoba, 2007 Annual Report*) compared to 21 in 1999.
- The Rural/ Northern Physician Placement Initiative pilot is a two-year family medicine residency training stream specific to the rural/north, after which applicants must return service of two or more years in rural/remote Manitoba. Upon completion of return of service, applicants are

guaranteed a specialty residency position in Manitoba. One candidate will be entering the program in the summer 2008 with an additional 10 in future years.

NURSES

- The reporting of enrollment in nursing education programs is based on the academic year. Final reporting of enrollment in nursing education programs by the Department of Advanced Education and Literacy will be available in the fall 2008. There were 3,115 students enrolled in nursing education programs throughout Manitoba in 2006/07.
- The second intake of the Licensed Practical Nurse (LPN) to Registered Nurse (RN) education program commenced in September 2006. The three sites selected for this intake were Morden/Winkler, Gimli and Dauphin. Students from this offering of the program will graduate in September 2008.
- There are 1,188 more practicing RNs plus 49 RN(EPs), and 626 more practicing LPNs as of December 2007 compared to December 1999. The number of practicing RPNs has declined slightly (-74) for the same period. Since 1999, there are 1,789 more nurses practicing in Manitoba's health care system. (*Source: December 2007 registration data from the Colleges of Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses*).
- NRRF was established to help recruit and retain nurses in Manitoba. Strategies supported by the NRRF include relocation assistance, conditional grants for new graduates, continuing education and specialty projects.

ALLIED HEALTH

- Enrollment in the Medical Laboratory Technology program at Red River College was further expanded by five seats in 2007 to 40 seats.
- MHHL had eight seats in the Nuclear Medicine Technology (NMT) program at the Southern Alberta Institute of Technology (SAIT). An additional three seats were purchased for fall 2007. Currently two students are completing their first year and have signed return-of-service agreements. The third student has left the program.

3. Improved coordination of health care provider supply with employer needs.

PHYSICIANS

- As of April 30, 2008, the total number of licensed physicians in the province was 2,325 (*Source: College of Physicians and Surgeons of Manitoba, 2008 Annual Report*). This represents a net gain of 290 physicians since 1997.
- The Physician Resource Coordination Office (PRCO) continues to support RHAs in their efforts to recruit physicians to Manitoba. The objectives of the PRCO include coordinating and centralizing physician resource information and initiatives, and supporting physician recruits through the entire recruitment process. The PRCO has launched a comprehensive physician resource and recruitment web site at: www.healthemployment.ca. The site is a "one-stop" shop aimed at recruiting physicians and has resulted in moving towards a more coordinated provincial process.
- The PRCO has continued its work on behalf of regional and other stakeholders, coordinating the implementation and administration of a new assessment process for international medical graduates. The change in process is a key component to improving recruitment and retention of family medicine physicians in rural and northern Manitoba. The PRCO continues to be at the forefront of coordinating regional efforts to recruit and retain physicians in Manitoba.
- In a recent RHA review, the PRCO was singled out as an example of how a coordinating body can both benefit and complement the regions work.

NURSES

- The NRRF provides a \$4,000 conditional grant to new registered nurses, nurses on the extended practice register and registered psychiatric nurses for a one year return of service commitment in rural or northern Manitoba, where recruitment is generally more difficult. In 2004, the grant began and a total of 269 recipients accepted positions in rural or northern Manitoba as of December 2007.

- Since 2007, The Nurse Vacancy Survey collected annually by the RHAs and submitted to MHHL is a key indicator of the nursing workforce supply needs. The vacancy data from the December 2007 survey showed a 10.5% vacancy level for the regulated nursing workforce (registered nurses, registered psychiatric nurses, and licensed practical nurses). As improvements to the supply of nurse have been realized through the investments made to increase the capacity of nursing education programs and the strategies supported by the NRRF, the number of nursing positions created across the province has also increased by 1,909 or 15.8% since 2000.

ALLIED HEALTH

- Two students from the WRHA began the Nuclear Medicine Technology program at SAIT in 2006 and Return-of-service agreements have been signed with both students. MHHL purchased three seats again for a new intake of nuclear medicine students for fall 2007. Two of these students have also signed return-of-service agreements.

3(c) Workforce Policy and Planning

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	708.0	12.00	765.5 *	(57.5)	
Other Expenditures	164.0		169.0 *	(5.0)	
Total Sub-Appropriation	872.0	12.00	934.5	(62.5)	

* includes enabling appropriation for Wait List Initiatives

Regional Affairs

Administration

The objectives were:

To provide support to the Minister of Health and the Minister of Healthy Living, the Regional Health Authorities (RHAs), Addictions Foundation of Manitoba (AFM), and CancerCare Manitoba through ongoing leadership and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2007/08 included:

1. Timely information to the Minister of Health, Minister of Healthy Living, internal clients, and the RHAs to support evidence-based decision-making.
 - Tracked and reported on a variety of data to assist the Ministers and the RHAs in their decision making. Emergency room, surgical, and wait time statistics are collected and reviewed regularly.
2. Timely research and response to public expressions of concern related to service delivery issues.
 - Continued work addresses ongoing public concerns relating to long waits and acute staff shortages in Emergency Rooms.
 - Implemented several initiatives recommended in the extensive and comprehensive review of Emergency Departments across the province.
 - Addressed Manitoba Health and Healthy Living (MHHL) Strategic Priorities focusing on the changing needs of the health system in the following areas: Long-Term Care; Physician Integrated Network; Mental Health and Addictions; Emergency Medical Services; and Wait Times. These initiatives are working toward system enhancements to allow for improved patient care and outcomes.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	256.4	4.00	285.5	(29.1)	
Other Expenditures	54.0		58.6	(4.6)	
Total Sub-Appropriation	310.4	4.00	344.1	(33.7)	

Emergency Medical Services

Emergency Medical Services (EMS) provides provincial leadership and surveillance of the air and land ambulance transport system, and the provision of stretcher transport.

The objectives were:

- To facilitate the development of regional emergency medical services as delivered by the RHAs.
- To be responsible for carrying out activities related to the regulation of medical transport in Manitoba.
- To coordinate the operation of the Lifeflight Air Ambulance Program.

The expected and actual results for 2007/08 included:

1. Together with the RHAs, a planned and implemented Medical Transportation Coordination Centre (MTCC) project; a new entity for coordination of the province's ambulance resources and emergency medical dispatch, including capital requirements.
 - The MTCC celebrated its first anniversary in September 2007 and has completed Phase 1 and Phase 2 of their five phase implementation strategy. In addition, MTCC established the pilot project portion of Phase 3.
2. Strengthened existing data collection processes, developed indicators for EMS service and a revised data collection process (Manitoba Emergency Medical Services Information System; building on existing patient care reporting system, integrating with Medical Transportation Coordination Centre systems).
 - Technology from the MTCC computer aided dispatch centre was installed. This allowed for comprehensive monitoring and surveillance of the land ambulance systems in the province.
 - The EMS Branch has developed a tool to determine the service availability of all EMS stations in the province and this information has been shared with the RHAs on a weekly basis.
 - The EMS Branch conducted a pilot project regarding medical first response during the summer/fall 2007.
3. A fully implemented, revised application process for license holders for the land and air ambulance sector, and a new process for stretcher car services. Ongoing evaluation of licensed EMS services including vehicles, equipment, and processes used in the delivery of EMS to ensure patient safety as required under the Act and Regulation through inspection.
 - The criteria for annual submissions for license applications for license holders for land, air and stretcher services have been successfully implemented.
 - Regular inspections of land, air and stretcher car services were conducted by EMS Branch staff with all license holders.
 - There are 30 licensed land ambulance providers in the province of Manitoba. These include the 11 RHAs and non-devolved ambulance stations that have service purchase agreements with the RHAs.
 - There are 93 individual ambulance stations operating 168 ambulance vehicles.
 - There are six licensed air ambulance providers.
4. Northern Patient Transportation Program Policy reviewed.
 - An inter-departmental group was established to begin to review the program. Branches involved included Rural and Northern Regional Supports Services, Primary Care, the Provincial Nursing Stations, Finance, and Emergency Medical Services.

5. New educational standards for Primary Care Paramedic educational programs issued; and an EMS Education Advisory Committee to advise MHHL on educational standards established.
 - The EMS Educational Programs Advisory Committee continues to meet on a regular basis and completed the Manitoba Primary Care Paramedic Program Requirements.
 - The EMS Branch has worked closely with Red River College to prepare for the delivery of a one year Primary Care Paramedic program which will begin admitting students in the fall 2008.
 - The EMS Branch distributed recruitment and retention grants for 20 individuals in rural and northern Manitoba as an incentive to have providers remain in their communities to provide EMS service.
6. Implementation of current, medically accountable practice guidelines and standards for pre-hospital patient care provided by Manitoba's Emergency Medical Response System on an ongoing basis.
 - There were six revisions to the Emergency Treatment Guidelines. In addition, two new protocols were introduced.
7. New practitioners evaluated (newly licenced all air ambulance aero medical attendants and air ambulance pilots - estimated at 100; newly licenced all stretcher car attendants - estimated at 30; grandfathered at least 75% of existing technicians licensed under the regulation to the newly adopted national standards for credentialing - estimated at 1,000), and continuing evaluation of existing EMS practitioners, to ensure minimum patient care standards are met as required under the Act and Regulation. Implementation of an application process to renew licenses for practitioners and implement an application for newly licensed practitioners requiring a criminal reference check and check into the child abuse registry.
 - The licencing process requires that newly licenced practitioners require a criminal reference check and a child abuse registry check.
 - A total of 200 individuals were newly licensed for land ambulance. There were 98 individuals at the Technician Medical Responder level, 101 individuals at the Technician Paramedic level and one individual at the Technician Advanced Paramedic level.
 - A total of 175 individuals were newly licensed for air ambulance and stretcher service. This included 95 pilots, 26 aeromedical attendants, and 12 stretcher attendants.
 - 56 individuals applied for relicensure, 44 at the Technician Medical Responder and 12 at the Technician paramedic level.
 - There are 979 licenced EMS personnel who are maintaining their license through the Alternate Route to Maintenance of Licensure program.
 - There were 1,848 licenced EMS personnel in Manitoba on December 31, 2007. The breakdown for the personnel categories are: 1,636 land personnel; 62 aeromedical attendants; 113 pilots; and 38 stretcher attendants.
8. Safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program (estimated at 600).
 - Lifeflight provided transport for 478 seriously ill or injured patients from rural and northern facilities to tertiary centers primarily in Winnipeg.
 - Lifeflight also arranged for the air transportation of 111 pre-approved Manitoba residents for facilities outside of the province when the required care was unavailable in Manitoba.

4(b) Emergency Medical Services

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,078.8	14.00	1,075.3	3.5	
Other Expenditures	5,194.1		5,635.0	(440.9)	
External Agencies	15.1		23.1	(8.0)	
Total Sub-Appropriation	6,288.0	14.00	6,733.4	(445.4)	

Disaster Management

The objectives were:

- To ensure the health care system and Government of Manitoba is capable of providing a coordinated and effective response to the health needs of Manitobans during a disaster.
- To provide a comprehensive emergency preparedness program.

The expected and actual results for 2007/08 included:

1. Active support to each RHA on the implementation of their disaster management programs.
 - Disaster Management continued to work with RHAs in the implementation of their disaster management programs. This work is based on a hazard assessment of the risk events pose to the health of Manitobans. Based on this hazard assessment Disaster Management has concentrated work with RHAs in the areas of Pandemic Influenza Preparedness and Severe Weather Preparedness (tornados, hail and severe thunderstorms).
 - Operational support during emergencies and disasters continue on an as needed basis. Disaster Management provided emergency management advice and coordination to RHAs through the Manitoba Health Duty Officer. The Manitoba Health Duty Officer has provided advice and coordination in 71 events (50 in 2006/07). Disaster Management provided intensive operational support and guidance in the following emergencies.
 - Selkirk Ice Jam and Flood Evacuations (April 2007)
 - Greyhound Bus Strike (May 2007)
 - Elie Tornado (June 2007)
 - Assiniboine RHA Tornados (June 2007)
 - Whiteshell Windstorm (June 2007)
 - Northern Forest Fire Evacuations (July – September 2007)
 - Health Canada - First Nations Inuit Health Branch (Percy E. Moore) Hospital Closure (December 2007)
 - Selkirk Mental Health Centre Power Disruption (December 2007)
 - Ongoing program implementation of disaster management programs is also fostered by ongoing collaboration with the Disaster Management Network. The Disaster Management Network provides a working group for RHA Disaster Management representatives to collaborate on various hazards. During 2006/07, the Disaster Management Network has begun work on developing an accountability model based on internationally recognized best practices to guide health system preparedness as well as consistent hazard, risk and vulnerability assessments to allow integrated and coordinated emergency preparedness in the RHAs.
 - Disaster Management formed a second Disaster Management Network to provide a collaborative network for allied health providers such as CancerCare Manitoba and the Addictions Foundation of Manitoba. The purpose of this group is to provide a mechanism for collaboration on hazard based work that is consistent with RHA strategic direction.
2. A fully integrated health incident management system.
 - MHHL and RHAs continue to develop their incident management systems. MHHL has put into place a policy direction requiring all RHAs to develop and implement incident management systems. At the RHA level, functional Incident Management Systems are in place and training continues for management and staff at all levels. RHAs have successfully implemented Incident Management Systems to respond to a variety of emergencies and disasters throughout the province.
 - At MHHL the Emergency Response Management System (ERMS) has been developed to respond to large scale health sector emergencies such as a pandemic influenza. The ERMS has been implemented centrally in MHHL to respond to public health events. Training has rolled out on a limited basis to key MHHL and RHA staff. Disaster Management is currently developing a self sustaining instructor network that can provide a mechanism for a large scale roll out.
 - At the national level MHHL is working closely with Federal/Provincial/Territorial counterparts to ensure a unified National Health Incident Management System that will allow for a coordinated response to large scale regional or national health emergencies.

3. A coordinated and effective response to a pandemic influenza in the Government of Manitoba, local governments, business and educational sectors.
 - MHHL continues to work with a variety of stakeholders to ensure the Pan-Canadian pandemic influenza preparedness goals of limiting morbidity and mortality and societal disruption are met. Work on pandemic preparedness concentrated in the areas of Mass Fatality Planning, Pandemic Influenza Preparedness Guidelines for Manitoba Schools and School Divisions, Medical Surge Capacity Planning, Communications Infrastructure, Ethical Framework and Clinical Care Guidelines.
4. Safer communities that suffer fewer deaths, physical injuries, and psycho-social trauma as a result of disasters.
 - Evidence from other jurisdictions indicates that when emergencies or disasters occur, communities will suffer fewer deaths, physical injuries, and psycho-social trauma, if appropriate levels of preparedness, response mechanisms and recovery programs exist.

4(c) Disaster Management

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	384.8	5.50	378.3	6.5	
Other Expenditures	100.7		71.2	29.5	
Total Sub-Appropriation	485.5	5.50	449.5	36.0	

Urban Regional Support Northern and Rural Support

The objectives were:

To provide support to the Minister of Health, the Minister of Healthy Living, Regional Health Authorities (RHAs), and CancerCare Manitoba in the planning and implementation of efficient, effective, evidence-based, holistic health services to improve the health status of Manitobans.

The expected and actual results for 2007/08 included:

1. RHAs are held accountable within the provisions of *The Regional Health Authorities Act*.
 - Provided ongoing leadership in the monitoring of Personal Care Homes (PCHs) across the province on a bi-annual basis, and reported the findings and follow-up of action plans to ensure that all the standards are met. Provided the Minister of Health with recommendations relative to the renewal of their respective licences based on compliance with standards and reporting requirements.
 - Provided support to First Nation PCHs that are licensed by MHHL to support and monitor their progress in meeting standards.
 - Provided an ongoing, consistent process for RHAs to report on the organization of nursing services in PCHs located within the RHAs relative to the Nursing Services Guideline.
 - Provided ongoing leadership and provincial education in the reporting and management of Critical Incidents in relation to the November 1, 2006 proclamation of *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Acts*, including development and release of standardized reporting forms.
 - Continued collaboration with stakeholders in order to work toward completion of a Provincial Reporting and Management of Critical Occurrences policy, including standardized reporting forms.
 - Provided ongoing leadership and provincial education in the reporting and management of Critical Incidents.
 - Chaired the department's review of Burntwood RHA Action Plan stemming from the 2006 internal audit.

2. CancerCare Manitoba is held accountable within the provisions of *The CancerCare Manitoba Act*.
 - Participated in the planning and identification of community cancer programs. In January 2008, Deloraine Hospital opened their community cancer program.
 - Participated in the development of the Manitoba Cancer Strategic Framework Document.
 - Participated on the Manitoba Colorectal Cancer Screening Program Advisory Committee in support of the implementation of Phase 1 of the program.
3. Manitobans receive appropriate quality care across the continuum.
 - An agreement (funding/objectives) is in place with the Manitoba Institute for Patient Safety (MIPS). MIPS continued to provide leadership and facilitation of several provincial quality initiatives, including Safer Healthcare Now!, It's Safe to Ask, and regional Culture of Safety Surveys.
 - Participated on the Churchill RHA Health Services Working Group in developing an implementation plan to improve acute, chronic, community and mental health services, particularly to develop capacity to serve Nunavut residents. The plan was completed and submitted in March 2008.
 - The Manitoba Patient Access Network was established in June 2006 to collaborate with and provide advice to the Ministry on: wait time and system access issues; the development and implementation of a province-wide strategy for improved patient access; surgical and diagnostic scheduling and improved operating room efficiency and utilization; communicating with the public and other key stakeholders on wait times; implementation of initiatives funded through the Wait Time Reduction Strategy; and related strategies to improve access to health care in Manitoba.
 - This Network has supported the development and implementation of the following initiatives:
 - Paediatric Dental Surgery
 - Surgical Utilization and Efficiency
 - Redesign of Surgical Patient Flow at Children's Hospital
 - D-Dimer Testing at two WRHA sites
 - Topical Anaesthesia for Cataract Surgery
 - Advanced Access in Primary Health Care Initiative
 - Supported the promotion/public awareness of unprecedented partnerships with the Manitoba Cervical Cancer Screening Program to provide Pap Tests during the annual Pap Test Awareness week.
 - Supported CancerCare Manitoba in the implementation of Phase 1 of the Colorectal Cancer Screening program, which began April 1, 2007.
 - Participated on the National Committee for the Canadian Breast Cancer Screening Initiative which provides a national perspective/recommendations/direction on the issues concerning breast cancer screening program implementation in Canada.
 - Participated in the Provincial Stroke Framework Advisory Committee. The purpose of this group is the development of a comprehensive provincial stroke framework which supports appropriate evidence-based stroke care for Manitobans across the continuum from prevention to acute care to rehabilitation and community re-integration.
 - Participated in the Western Canadian Children Heart Network. Deployment of the inter-provincial database is anticipated to be completed to all five sites in 2008.
 - Participated in the development of a reporting system for Emergency Department (ED) performance indicators, enabling the monitoring and routine communication of left not seen rate, admission rate, and average length of stay for admitted and non-admitted patients.
4. Appropriate allocation of resources to the RHAs and CancerCare Manitoba.
 - Participated in the review of the RHAs and CancerCare Manitoba Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence informed justifications.
 - Led the development of Provincial Schedules to address regional health planning needs to successfully meet the health needs of the community and include appropriate resource allocations with evidence-informed justifications for the Estimates Process.
 - Participated in the review and prioritization/approval of RHAs funding requests for specialized equipment.

- Participated on the Provincial Imaging Advisory Committee in order to address equipment prioritization/purchasing.
 - Participated in the planning for the development of an expanded western Manitoba regional cancer centre that will provide chemotherapy and outpatient care and provide for radiotherapy services to Brandon, a first step in moving to provide radiotherapy services outside of Winnipeg.
 - Led the Working Group looking at the provision of a community cancer program in Eriksdale, Manitoba.
5. Appropriate utilization of health services provided by the RHAs and CancerCare Manitoba.
- RHAs participated with MHHL in Wait Time Task Force Working groups that address service capacity and utilization in high demand areas, resulting in collaborative ventures across regions.
 - Continued follow-up of the Emergency Care Task Force (ECTF) recommendations. A total of 46 recommendations were identified by the ECTF, all aimed at improving ED service within the WRHA.
 - Participated in working groups addressing ED renovations and enhancements in the WRHA, Seven Oaks General Hospital, Victoria General Hospital and Concordia Hospital.
 - Participated in the Emergency Department System Review Team, where the mandate was to assess the EDs of Manitoba in terms of current state, identify current challenges and to develop recommendations to address those challenges.
6. Acute care waiting lists meet best practice standards and guidelines.
- Waitlist validation has occurred in priority areas such as cataract surgery and pain clinic.
 - Developed a provincial waitlist registry for orthopedic joint replacement surgery, sleep testing, and head and neck oncology program.
 - Developed access targets to address national benchmarks for cardiac surgery, cataract surgery, radiation therapy and hip and knee joint replacement.
7. Timely provision of information to internal clients, RHAs, and CancerCare Manitoba to support evidence-based decision-making.
- Standardization and reporting of data has occurred in orthopedic joint replacement surgery, sleep testing, cataract surgery, diagnostic imaging, cardiac surgery, radiation wait times and pain services.
 - Participated on the Manitoba Centre for Health Policy Working Group for "Emergency Room and Urgent Care Utilization in Winnipeg" study.
 - Continued to participate on the Canadian Patient Safety Institute (CPSI) funded research group for Planning for Patient Safety: Exploring strategies to reduce a person's risk of adverse events when transitioning between day hospital and community-based care.
 - Continued to enhance the internal critical incident reporting and management data base to ensure accuracy and optimum utilization for trend and analysis reporting.
 - Continued to provide leadership and education relative to the Provincial Patient Safety Strategy.
 - Continued to provide ongoing support to regions through facilitation of education and patient safety resources, including access to Institute for Safe Medication Practice resources, Patient Safety, Disclosure, Root Cause Analysis and Failure Mode and Effects Analysis training.
 - Continued to participate on the CPSI Education and Professional Development Advisory Committee to provide advice to CPSI on health care professional education and professional development activities to improve patient safety.
 - Participated in the Provincial Health Workforce Injury Reduction Project to oversee the development of a report on the RHA health sector workplace requirements to prevent/reduce injuries/compensation claims in Manitoba and recommendation/strategies to address prevention of workplace injuries and improve claims management.
 - Participated on the Canadian Agency for Drugs and Technologies in Health Advisory Committee to ensure evidence-based research documents are available to, and reflects the information needs of, policy/decision makers in Manitoba.

8. Flexible response to Manitoba's health services system changing needs and demands.
- Participated on the WRHA Regional Medical Device Reprocessing Committee to respond to new reprocessing techniques, adopt best practices, and implement standardized policies and procedures for reprocessing activities.
 - Participated on the working group of the Misericordia Redevelopment Project.
 - Participated on the working group of the Critical Services Redevelopment Project at the Health Sciences Centre. The Children's ED, Paediatric Intensive Care, Paediatric Operating Rooms and Post-Anesthesia Care Unit moved to the Ann Thomas Building.
 - Participated in the development of the Functional Plan for the expansion of Operating Room facilities at Ste. Anne Hospital.
 - Provided funding to the redevelopment of the paediatric ophthalmology clinic at Children's Hospital. The arrival of the second eye specialist has decreased the routine consult wait time.
 - Participated on the Cardiac Sciences Regional Project Implementation Committee to oversee the implementation of the Cardiac Sciences Enhancement Project.
 - Participated on the Northern and Rural Renal Advisory Committee to facilitate the delivery of dialysis in Winnipeg and local centres throughout the province.
 - Led the Provincial Renal Health Steering Committee for dialysis expansion sites: Russell; Norway House; Gimli; Percy E. Moore; The Pas and Berens River. The stakeholders included five RHAs (Assiniboine, Burntwood, Interlake, NOR-MAN and North Eastman), two First Nation Bands and Health Canada - First Nation Inuit Health Branch.
 - Participated on the Renal Disease Prevention Steering Committee. This is a First Nations' focused initiative to facilitate reduction of risk factors associated with kidney failure.
 - Participated on the Communicable Disease Protocol Advisory Committee to act in an advisory capacity to the Chief Medical Officer of Health or delegate for the development of new communicable disease protocols and fact sheets, the revision of existing communicable disease protocols and facts sheets, determine and direct the consultation process and approval mechanism for protocols and fact sheets.
 - Participated as one of many organizational stakeholders on a MHLH led Manitoba Human Papilloma Virus (HPV) Immunization Program Working Group, provide recommendations to the development, implementation and evaluation of the HPV Vaccine Immunization program in Manitoba, with the acknowledgement of the broader provincial cervical cancer reduction strategy.
 - Opened the 35-bed Northern Spirit Lodge PCH in Thompson, Manitoba in February 2007. The PCH is operated by the Burntwood RHA and worked towards preparing the facility for a MHLH Continuing Care standards visit.
 - Continued participation with the WRHA on the Rehabilitation Reconfiguration Project, progressing with planning for phases two and three.
 - Funded approximately \$6.0 million toward community needs, through special agreements coordinated within each RHA, to Community Resource Councils, Tenant Resource Councils, Congregate Meals Programs and Senior Centers.
 - The WRHA expanded the Long-Term Care Strategy, based on the Aging in Place principle, in February 2007 to the rural and northern communities creating increased community options with supports that provides alternatives to premature or inappropriate placement in PCHs. This enables Manitobans to remain in their communities to enjoy the social, cultural and spiritual interactions that enrich their lives even though their health may be compromised. Currently, there are 2,760 spaces of Supports to Seniors in Group Living and 432 units of Supportive Housing provincially, with another 192 new units of Supportive Housing set to open in Winnipeg within the next six months.
 - MHLH approved increased funding to cover increasing current staffing levels in PCHs to standardize the level of care across the province and ensure 3.6 hours of direct care is available per resident every day from registered nurses, registered psychiatric nurses, licensed practical nurses and health-care aides. This will be phased-in from February 2008 to April 1, 2010.
 - MHLH announced further initiatives aimed at strengthening the working environment for PCH staff including: improving staff and resident safety through a safe resident handling program including education and equipment; expanding the implementation of internationally-developed standardized assessment software, to improve individual residents' care and monitor quality in PCHs; increasing the number of unannounced follow-up visits to PCHs; strengthening orientation

- of all new staff; and providing funding for education about Alzheimer's and other related dementias for all PCH staff.
 - The WRHA opened River Park Gardens in St. Vital, with 80 PCH beds in September 2007.
 - The five-bed Acquired Brain Injury Facility in Thompson opened in February 2008. This is the first facility of its kind in northern Manitoba.
 - The new Dialysis Unit in Thompson opened in February 2008. This allows for an increase from 16 patients to 40 per day who may receive treatment closer to home.
 - The redeveloped Emergency Department/ Special Care Unit at The Pas Health Complex opened in November 2007.
 - Introduced a province-wide program to enhance colorectal cancer screening, targeting people between the ages of 50 and 74.
9. Supports and communication strategies are in place to assist with government's health response to disasters.
- Participated in the Manitoba Disaster Management Network, which works to develop coordinated and consistent province-wide responses to issues such as pandemic flu and natural disasters.
10. Timely response to public expressions of concern related to service delivery issues.
- Provided support to the Ministry through investigating, reporting and responding to verbal and written public and media issues/expressions of concern related to health care delivery within Manitoba.
 - Led geographic teams to enhance inter-departmental communication and coordination relating to complex issues affecting multiple branches in order to support and inform health organizations regarding concerns relating to service delivery issues.
 - Collaborated with Manitoba Justice to address a Human Rights Commission complaint regarding equitable access.
 - Participated on the Joint Management Committee on Health Information Resources to oversee public health print resources development and distribution to ensure equitable access to resources required for public health practice throughout Manitoba.
 - Provided information to patients and other citizens, within the bounds of *The Personal Health Information Act* and *The Freedom of Information and Protection of Privacy Act*, on individual and systemic health care inquiries.

4(d) Urban Regional Support

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,037.2	31.12	2,124.3 *	(87.1)	
Other Expenditures	599.0		619.0 *	(20.0)	
External Agencies	302.0		305.3	(3.3)	
Total Sub-Appropriation	2,938.2	31.12	3,048.6	(110.4)	

* includes enabling appropriation for Wait List Initiatives

4(e) Northern and Rural Support

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	602.7	10.50	688.9	(86.2)	
Other Expenditures	166.3		211.9	(45.6)	
Total Sub-Appropriation	769.0	10.50	900.8	(131.8)	

Primary Health Care

The objectives were:

- To support the Minister of Health, the Minister of Healthy Living and Executive Management in the planning, development and implementation of Primary Health Care (PHC) to improve the health of Manitobans.
- To provide guidance, direction and support to the RHAs, health providers and communities in assessing, planning, implementing, monitoring and evaluating PHC initiatives.

The expected and actual results for 2007/08 included:

1. Access and quality to PHC improved for Manitobans.
 - Seventeen primary care clinics from across the province, in partnership with the Manitoba Patient Access Network, participated in learning sessions that support the adoption of Advanced Access. Advanced Access is a clinical office reengineering process that seeks to provide access to a family physician when convenient for the patient. Manitoba is one of four provinces to launch Advanced Access province wide.
 - MHHL funded training for Customer Service Excellence in Health Care training sessions. The aim of training is to ensure health care services are focused on the patient's needs and expectations while maintaining staff wellness in a fast paced work environment.
2. The provincial delivery of appropriate, integrated PHC services.
 - The Physician Integrated Network (PIN) is a MHHL primary care renewal initiative that focuses on fee-for-service (FFS) physician groups and works at addressing access to primary care, primary care providers' access to and use of information, the working environment for all primary care providers, and high quality primary care with a specific focus on Chronic Disease. MHHL continued to support three PIN Demonstration Sites in implementing change management plans that included the introduction of interdisciplinary teams and extensive changes to the use of computerized medical records; these changes were also implemented at the control site. Physicians started to notice positive results of practice changes such as dietetic services supporting healthy living for patients with diabetes and an increase in the number of patients that receive preventive screening. Quantitative reports on these practice changes began to be received and analyzed near the end of the fiscal year. Planning also was undertaken for the implementation of PIN Phase 2 in 2008/09 and the key activities are: to sustain the existing sites; recruit an additional 65 physicians; and build sustainable strategies through focused work on Quality Based Incentive Funding and Remuneration Models, Indicator Development, Data Collection and Analysis and Information Management.
 - MHHL participated in two western regional meetings, partnering with academic institutions, to support the development of multidisciplinary teams across the province.
 - The Mother and Child Health Services Task Force (MACHS) was introduced in March 2007, bringing together various stakeholders from across the province to develop new and enhance existing services that ensure equity in access and outcomes in regards to maternal child services. The first meeting was held in September. The MACHS Task Force began finalizing their action plans to begin implementation in 2008/09.
3. Appropriate allocation of PHC resources to and by the RHAs.
 - \$1.2 million was invested to introduce twelve new Registered Nursing Practitioner Extended Practice (RN EP) positions in February 2008. This investment is a 26% increase and brings the new total of RN EPs to 58 positions in Manitoba. RHAs receiving these new positions were Winnipeg and one each in Brandon, Assiniboine, Central, South Eastman, Interlake and Burntwood.
 - As part of a broader RN EP implementation strategy, an environmental scan on implementation issues was completed with feedback and input from a variety of stakeholders including RHAs, practicing RN EPs, academic institutions, professional associations and other health professionals. This environmental scan will be used to support RHAs in the implementation of RN EPs throughout Manitoba.

4. Integrated PHC organizations that deliver services in accordance with the principles of PHC consistent with the provincial Primary Health Care Policy Framework.
 - An announcement on the new St. James Access Centre was made in spring 2007. This marks the fifth Access Centre in Winnipeg. River East and Transcona Access Centres are fully operational. Northwest and St. James Access Centres are currently under development.
5. Timely and relevant PHC information to support decision-making available to internal clients, the RHAs, and external stakeholders.
 - As part of the Physician Integrated Network, two new initiatives were introduced to encourage adoption of electronic medical records (EMRs) in physician and primary health care settings. They are:
 - Primary Care Information Systems Steering Committee - the purpose of this foundational work is to establish EMR vendor qualifications or standards to: provide guidance for practitioners choosing Primary Care systems; remove roadblocks to adoption of Primary Care systems; reduce the cost and improve the management of Primary Care System/EHR interoperability.
 - Approval to begin the Request for Qualifications process was received in early 2008.
6. Midwifery services delivered in Manitoba in accordance with the provincial standard.
 - Manitoba has worked with RHAs to determine maternal/newborn service needs, increasing the number of funded midwifery positions in each of the last three years. This past year \$3.7 million was provided to the RHAs to fund midwifery positions.
 - Manitoba provided national and international leadership in development of midwifery services (for example working with the province of Saskatchewan and the Atlantic provinces) and continued to develop and deliver midwifery education that will serve the population needs.
 - A four year Bachelor of Midwifery in Aboriginal Midwifery program is completing its second year with no student attrition. The university is working to increase the number of students in the program in 2009.
 - A three year (2007/10) project to develop and implement bridging education for internationally educated midwives has begun with students beginning in 2009. This will double the number of midwifery students in Manitoba. The project receives federal funding of \$100,000 this year through MHHL. The Province of Manitoba continued to support an annual Prior Learning Assessment for internationally educated midwives by the College of Midwives of Manitoba.

4(f) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	264.5	4.00	276.3	(11.8)	
Other Expenditures	188.0		62.0	126.0	
External Agencies	165.0		165.0	-	
Total Sub-Appropriation	617.5	4.00	503.3	114.2	

Healthy Living and Health Programs

Healthy Living and Health Programs, under the stewardship of the Minister of Healthy Living, is assigned the lead role for the Healthy Living mandate. The Division focused on seven key areas: active living; healthy eating; mental health promotion and substance abuse reduction; chronic disease prevention; tobacco reduction; injury prevention and healthy sexuality.

The Division also provides for management and administration of direct service delivery programs within Manitoba Health and Healthy Living (MHHL) and is responsible for providing grant funding for health related agencies. Direct service programs such as Cadham Provincial Laboratory and the Selkirk Mental Health Centre (SMHC) are also included within this Division.

Administration

The objectives were:

- To lead the development and implementation of a provincial healthy living strategy and provide direction, coordination, and support to MHHL and other departments whose programs and services contribute or could contribute in achieving government's healthy living goals.
- To provide leadership and direction that ensures the provincial health emergency preparedness program responds to the health needs of Manitobans during a disaster and includes a comprehensive preparedness and response plan for a pandemic or other large-scale disaster affecting the health of Manitobans.
- To provide leadership and direction to ensure that the health issues and needs of Aboriginal people are considered and prioritized within department initiatives and services to improve their health status.
- To provide leadership and direction for a Public Health renewal plan and ensure appropriate public health policies and programs are in place to maximize and protect the health of Manitobans.
- To provide leadership and direction, provincially and intergovernmentally, for the improvement of health outcomes of priority populations including women, children, seniors, and persons with disabilities.
- To provide leadership and direction to MHHL programs/services which provide direct service to Manitobans.
- To develop provincial policies for environmental health, healthy living, communicable and chronic diseases, and other emerging public health issues and diseases.

The expected and actual results for 2007/08 included:

1. A provincial Healthy Living Strategy and public awareness of healthy living enhanced.
 - A provincial Healthy Living Strategy has been enhanced and increased public awareness through campaigns such as *In Motion*, and Healthy Schools.
2. A Healthy Living Office overseeing the development and delivery of strategies that promote the health of Manitobans and contribute to the sustainability of the health care system for Manitobans.
 - The Healthy Living Office has been developed to promote greater health and assist in the sustainability of the health care system.
3. A responsive disaster management/emergency preparedness program in the province.
 - The implementation of a responsive disaster management/emergency preparedness program is underway.
4. Health policies and programs that reflect the needs of priority populations: women, children, seniors and persons with disabilities, and the delivery of programs and services provided by MHHL.
 - Programs and core services were delivered efficiently, effectively and appropriately within a wide range of working relationships.
 - MHHL continued its ongoing work and focus on identifying and addressing the needs of priority populations including children, youth, adults with special needs, women, seniors and aboriginal people.
5. Provincial strategies for environmental health, communicable and chronic diseases, and other emerging public health issues.
 - Resources were allocated based on established provincial and regional priorities to reduce the impact of chronic diseases, environmental health concerns and other emerging public health issues.
6. A comprehensive health strategy to reduce the gap between the health of Aboriginal people and other Manitobans.
 - Working closely with the Aboriginal Health Branch and across MHHL to highlight the policy and program needs and opportunities to strengthen relationships and services.

7. A fully integrated health disaster management system and provincially coordinated preparedness and response plan for pandemic influenza and other potential disasters affecting the health of the public.
 - Ongoing coordination and strengthening of response plan and system readiness.
8. A provincial public health office which oversees the development of strategies, policies, programs and provincial services that protect the health of Manitobans.
 - Extensive work has occurred to restructure and consolidate the Public Health mandate under single leadership.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	859.6	11.46	782.3	77.3	
Other Expenditures	336.7		665.3	(328.6)	
External Agencies	114.5		114.5	-	
Total Sub-Appropriation	1,310.8	11.46	1,562.1	(251.3)	

Mental Health and Addictions

Mental Health and Addictions provides leadership, support and coordination to the mental health and addictions systems in Manitoba.

The objectives were:

- To develop strategies and policies for the mental health and addictions systems.
- To provide information, advice and recommendations that support effective planning and decision-making for the mental health and addictions systems across the continuum – from mental health promotion to tertiary care.
- To undertake ongoing environmental scans for the identification of emerging issues and best practices related to addictions and mental health.
- To undertake strategic planning for enhanced, meaningful involvement of consumers, family members, and other natural supports in individual services and in system planning.

The expected and actual results for 2007/08 included:

1. Mental health identified as a departmental strategic priority.
 - Many initiatives were undertaken to enhance the mental health and addictions systems. In particular, a focus was placed on youth addiction services with a comprehensive Crystal Meth Strategy and the continued implementation of the SMHC Redevelopment.
2. Evidence-based policies for the health sector that reflects concerns of priority populations.
 - Continued monitoring and ongoing supports for the co-occurring Mental Health and Substance Use Disorders policy for the Regional Health Authorities (RHAs) and other health funded mental health and addictions organizations.
 - Ongoing implementation of the Suicide Prevention Framework throughout the RHAs.
 - Ongoing development of a provincial policy on suicide prevention.
 - Ongoing development of a provincial response regarding trauma informed practice.
3. A new building and environment for the elderly mental health clients of SMHC and a new program for those with acquired brain injury.
 - Final stages of the new building for the elderly mental health clients of SMHC.
 - New program developed for those living with acquired brain injuries.
4. A completed plan for the construction of a five bed acquired brain injury transitional unit in the community.

- Planning completed for the construction of a five bed acquired brain injury transitional unit in the community.
- 5. Improved integration of addictions and mental health services at both the service and policy level.
 - Branch priority to continue to work on integration of policies and services for mental health and addictions.
 - RHA based Co-occurring Disorders Initiative regional planning committees continue their work on policy and protocols and making training available to staff.
- 6. Recommendation developed reflecting best practices for the enhancement of community-based eating disorders services in Manitoba.
 - Recommendations have been developed to reflect best practices for the enhancement of community-based eating disorders services in Manitoba.
- 7. Strong working relationships with external stakeholders in the development of policy.
 - The branch continues to facilitate and build strong external relationships with stakeholders. The branch works collaboratively with service providers, family members and consumer networks to ensure ongoing consultation takes place for comprehensive policy development and strategic direction.
- 8. The enhancement of health promotion and awareness initiatives related to problematic substance use and mental illness and mental health.
 - MHHL continues to fund and enhance programs that provide health promotion and awareness activities including the mental health self-help agencies, Teen Talk (Klinik), Addictions Foundation of Manitoba (AFM) and Resource Assistance for Youth.

5(b) Mental Health and Addictions

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	561.1	9.00	684.2	(123.1)	
Other Expenditures	2,983.3		2,878.8	104.5	
External Agencies	5,068.6		5,068.6	-	
Total Sub-Appropriation	8,613.0	9.00	8,631.6	(18.6)	

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required legislated and non-legislated functions in order to protect and promote the improved mental health status of Manitobans.

The objectives were:

- To carry out required legislated and non-legislated functions by administering *The Mental Health Act* and the Orders of Commitment Program; providing professional consultation to the health care system; and promoting the recruitment and retention of psychiatrists to protect and promote the improved mental health status of Manitobans.

The expected and actual results for 2007/08 included:

1. Preservation of patients' rights under *The Mental Health Act*.
 - Continued to promote effective operation of *The Mental Health Act and Regulations*.
 - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
 - Consulted with the MHHL Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act and Regulations*.

2. Interpretation and application of *The Mental Health Act*.
 - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
 - Consistently implemented the Manitoba Health Policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services" setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.
3. Issuance of new Orders of Committeeship, Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
 - Processed 286 Certificates of Incapacity applying for Orders of Committeeship and issued 246 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
 - Cancelled 19 previous Orders of Committeeship.
 - Issued 41 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
 - Pursuant to the Order of Committeeship Policy, provided an interview by the Director of Psychiatric Services prior to the appointment of The Public Trustee as committee, to persons who submitted a letter of objection to the Notice of Intent to issue an Order of Committeeship.
 - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.
4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
 - Four specialists in psychiatry who successfully completed their periods of enrollment in the Career Program in Psychiatry are currently fulfilling their return of service commitments in rural Manitoba, in Aboriginal Mental Health, in the Program of Assertive Treatment and in Psychogeriatric Psychiatry.
 - Psychiatric services have thereby been enhanced in Burntwood, Central, North Eastman, Parkland and Winnipeg RHAs.
 - One University of Manitoba resident in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing a return of service commitment in rural Manitoba.
 - Provided consultation and advice to several agencies regarding the recruitment and retention of psychiatrists in Manitoba.
5. Consultative liaison with RHAs.
 - Maintained relevant linkages and appropriate consultation with the RHAs regarding various aspects of the mental health system.
 - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy and the statutory implications of *The Mental Health Act* to clients, stakeholders and various sectors of the health system.
6. Orders of Committeeship Program and the regulated Forms under *The Mental Health Act* are tracked.
 - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
 - Computer databases were operational for selected data analysis during the year.

5(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	275.5	2.40	277.6	(2.1)	
Other Expenditures	81.8		66.2	15.6	
Total Sub-Appropriation	357.3	2.40	343.8	13.5	

Aboriginal Health

Aboriginal Health is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community. Aboriginal Health acknowledges, supports and promotes the cultural diversity among the First Nation, Métis and Inuit populations in Manitoba, and works in collaboration with the Federal Government, other branches within the department, other provincial departments, RHAs, Aboriginal political territorial organizations and communities to meet that mandate.

The objectives were:

- To collaborate with key stakeholders to develop, prioritize, implement and analyze strategic health initiatives and programs to improve health outcomes for Aboriginal people, and thereby reduce the gap between Aboriginal people and all Manitobans.
- To measure and report to government, Aboriginal leadership, and general public improvements to the health status of the Aboriginal population.

The expected and actual results for 2007/08 included:

1. Culturally competent provincial programs, policies and strategies based on best practices, standards and research.
 - Continue to provide information to RHAs on First Nation, Métis, and Non-Status health related issues such as the Aboriginal Strategy on HIV/AIDS.
 - Ongoing work and implementation of licensing Personal Care Homes on First Nation Reserves.
 - Continued participation in various working groups that impact Aboriginal health issues on and off reserve. These include, but are not limited to, the Provincial and Aboriginal Suicide Prevention Committees, Northern Tuberculosis Working Group and the Traditional and Ceremonial Use of Tobacco Working Group.
 - Continue to provide relevant information that impacts Aboriginal health issues to branches and departments.
2. Improved accountability between MHHL and RHAs respecting the health of Aboriginal people in respective regions.
 - Review health plans submitted by RHAs and work with regions to address needs appropriately working with deliverables and accountability measures.
 - The RHAs and CancerCare Manitoba continued to work towards meeting the Aboriginal Health deliverables expected to result in the provision of culturally sensitive services such as culturally sensitive education for staff and improve Aboriginal levels of employment.
3. Improved working relationships and collaboration among MHHL, the federal government, Aboriginal groups, provinces/territories and other stakeholders.
 - Aboriginal Health Branch is the administrator of the Adaptation Envelope for the federal Aboriginal Health Transition Fund to assist in adopting existing health programs and services to better meet the health needs of the Aboriginal population.
 - Continued work with the Intergovernmental Committee on First Nation Health Working Group, which developed a Manitoba First Nations Health Human Resource Strategic Framework and a Financial Analysis of the Current Health Care Expenditures for First Nations Health Care in Manitoba. Work on reviewing and developing three more working papers on Primary Care, Disabilities, and Diabetes/Chronic Disease.
4. Increased linkages between the RHAs and Aboriginal groups within their geographic area.
 - Provide feedback and information about the Health Planning process.
 - Ongoing support to the RHAs, in particular Burntwood and Brandon RHAs, in their development of an Aboriginal Health Human Resource Plan.
5. Reduced gap between the health of Aboriginal people and the rest of Manitobans.
 - Ongoing information sharing with regions and Aboriginal communities of existing programs and services and reviewing service gaps.

- Working with other government departments and RHAs sharing policy changes and developments.
 - The Aboriginal Health Transition Fund is assisting in addressing the gap in health status by increasing the participation by Aboriginal People in health programs.
6. Minimized federal off-loading activities.
- Continued collaboration with all stakeholders and levels of government to provide improved health programs and services.
7. Enhanced relationships with Aboriginal communities, leadership, sub-groups, and organizations.
- MHHL continues to work with Federal and RHA partners on dialysis expansion within the province on and off reserve.
 - The department continues to participate in discussions with Norway House Cree Nation, Cross Lake, Island Lake, Misipawistik Cree Nation, and associated communities to integrate an approach to their specific health care planning, administration and delivery requests.
 - Continued participation with internal and external stakeholders to review and appropriately address determinants of health.
8. Improved support of Aboriginal self-government activities and initiatives within provincial mandates and priorities.
- Continue to work with Aboriginal communities and RHAs to improve and enhance relationships, health outcomes, and culturally appropriate health care and services.

5(d) Aboriginal Health

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	213.9	4.00	279.7	(65.8)	
Other Expenditures	377.7		181.4	196.3	
Total Sub-Appropriation	591.6	4.00	461.1	130.5	

Public Health

The overall goal of Public Health is to provide coordinated and integrated public health leadership to the service and programs of public health at the regional and provincial level. These programs provide a focus for major areas of health promotion for the identification, prevention and control of diseases that affect populations. Public Health's efforts also aim to assist government, the community, and health and public health professionals in the planning and response to public health issues and emergencies.

Public Health is composed of the following:

**Provincial Public Health Office
Cadham Provincial Laboratory Services**

The objectives were:

- To assess the health status of Manitobans.
- To prevent and control disease and promote the health of Manitobans.
- To ensure that important and emerging public health issues, including pandemic preparation, are detected, assessed and addressed, and appropriate standards of public health practice in the monitoring, response and evaluation of health risks and issues are upheld.
- To advocate for the preservation and improvement of health, and the reduction of health disparities of Manitobans. Assist with the improvement, protection and promotion of the health of Manitobans through guidance to individuals, communities, organizations and governments.

The expected and actual results for 2007/08 included:

1. Improved health and reduced disparities in health status, and decreased preventable diseases and injuries for Manitobans through the prevention and control of disease and promotion of health, along with appropriate standards.
 - The annual influenza and immunization program was carried out in the fall. Efforts continue to expand the coverage rates for immunization. For example, a bilingual pamphlet to facilitate discussion of immunization was established.
 - Extensive planning occurred for the implementation of Human Papillomavirus (HPV) immunization program for the school year 2008/09.
 - Measures are being worked on for continuing improvement in management of the vaccine inventory.
 - Continued focus has occurred related to public health risk and air and soil quality in a number of situations.
 - Continued preparedness and response occurred with regards to emerging diseases, such as West Nile Virus and Lyme Disease.
 - Public Health inspection undertakes functions under *The Public Health Act*; revision of standards and new standard development are underway.
 - A community development project for the prevention of kidney disease is ongoing in the Island Lake communities of Wasagamack, St. Theresa Point, Garden Hill and Red Sucker Lake, in partnership with First Nation organizations and other government departments.
2. Improved surveillance and analysis of public health threats.
 - Continual analysis of all reportable diseases was maintained throughout this fiscal year.
 - All diseases are reported monthly to external stakeholders and internal staff through several report formats.
 - Provided support to the investigation and control of over 109 disease outbreaks.
 - The provincial and federal government are working together to enhance and standardize chronic disease surveillance provincially and across Canada.
 - Extensive planning has occurred with Infoway and Federal/Provincial/Territorial partners on the national public health surveillance system, Panorama.
 - Discussions are ongoing with the federal government to establish Memorandums of Understanding for sharing of data.
3. Up-to-date legislation to protect the health of the public.
 - Public Health Inspection Programs and resources were transferred from Conservation to the Environmental Health Branch on April 1, 2007 and transitional activities have been undertaken.
 - Regulations under *The Public Health Act* are being revised and several new regulations are under development to facilitate proclamation.
 - Public health inspectors initiated 24 charges under *The Public Health Act* or *The Non-Smokers Health Protection Act*, placarded or issued orders of abatement on 19 premises and suspended permits for 14 food establishments and 62 pools.
4. Accurate health information to support policy, programs and activities.
 - Surveillance information is provided to RHAs and others to support planning and decision-making.
 - Revision to protocols for the identification and management of communicable diseases has been underway. There are over 80 reportable diseases and protocol development/revision requires an extensive process involving many experts. Nine protocols have been completed.
 - Weekly reports of circulating enteric diseases are provided by Cadham Provincial Laboratory.
 - Improved antibiotic susceptibility monitoring for bacterial cause of meningitis has been undertaken.
 - Cadham Provincial Laboratory has selected a vendor for a Public Health Information Management System which will modernize and streamline the flow of information about detected communicable diseases.
5. Effective and efficient public health programs and practices based on evidence.

- More than 450 health care providers have been trained to screen Manitobans and educate them about their risk for the development of type 2 diabetes, diabetes complications, and/or other chronic diseases as part of the province-wide Regional Diabetes Program.
 - Mobile retinal screening clinics staffed by nurses with specialized training who are working out of Thompson and Flin Flon have provided screening and education to more than 600 people to prevent vision loss and blindness in people with diabetes.
 - Peer leaders are being trained throughout the province to help people living with chronic disease gain the skills and confidence to manage their condition and maintain active and fulfilling lives.
 - Cadham Provincial Laboratory received full accreditation from the College of American pathologists for the twelfth consecutive year.
6. Detection of infections and infectious agents in the laboratory setting enhanced.
- Cadham Provincial Laboratory introduced a more accurate method for detection of genital Chlamydia and gonorrhea in urine specimens. This resulted in an improved detection rate.
 - Also, introduced at the Laboratory, in partnership with stakeholders, the options of nominal and anonymous Human Immunodeficiency Virus (HIV) testing. Currently over 60% of HIV screening has been streamlined into nominal testing.
 - HIV Point of Care testing was introduced in selected sites.
 - The Healthy Sexuality Action Plan was introduced, targeted at improvements in sexual health education to at-risk populations, enhancing critical care for the Manitoba HIV program, access to sexually transmitted infections (STI) testing and treatment and development of advisory forums.
 - Planning for a new arrangement for the management of provincial public health drug programs has been initiated for STIs and HIV.
7. Detection of fetal disorders enhanced.
- Cadham Provincial Laboratory offered more accurate screening for fetal disorders, resulting in 25% better test performance and greater than 30% decrease in referrals for amniocentesis since 2005.
 - Improved parameters of Congenital Adrenal Hyperplasia screening, resulting in a 66% reduction in requests for repeat screening.
8. Public awareness of chronic disease prevention enhanced.
- The Chronic Disease Prevention Initiative is a community-led approach to the prevention of chronic disease in Manitoba. Fifty-seven communities across the province are implementing action plans to support smoking cessation, physical activity and healthy eating.
 - MHHL launched a multi-media campaign to raise awareness about the prevention of diabetes and other chronic diseases.
9. Complete preparedness plans for public health emergencies.
- Additional stockpile of anti-virals for the pediatric population has been purchased.
 - Continued planning has occurred for public health emergency preparedness.
 - Contributed to public health emergency preparedness planning at the national level.
10. Optimal coordination of inter-jurisdictional public health initiatives, issues, policies and outbreak response.
- Approximately 95% of Manitoba's population that is served by public water systems receives fluoridated water; 54 water treatment plants provided fluoridated water to 87 communities.
 - The West Nile Virus program works extensively with cities and municipalities to implement the provincial program.
 - Public Health made significant contributions through participation and leadership in the structures of the federal/provincial/territorial Public Health Network.
11. Productive collaborations among Manitoba Health and Healthy Living, government departments, the University of Manitoba, RHAs, and other organizations, for effective planning, teaching, training and research.

- Review & Rate IV (a tobacco reduction campaign) was successfully delivered to approximately 24,000 Manitoba students.
 - The Tobacco Sales to Minors program was delivered throughout Manitoba with 610 compliance checks, 593 inspections and prosecutions.
 - A mass media campaign was implemented with partners in support of increased awareness of the need to protect children from second-hand smoke in homes and cars.
 - A group of 12 Manitoba high school students and their teachers were funded to attend the National Tobacco Control Conference in Edmonton in October 2007.
 - The tobacco display prohibition program had 593 inspections with 20 warnings and no formal charges with high compliance being reported.
 - MHHL collaborated with other government departments, RHAs, First Nation and non-government representatives to share information and learn about the Regional Diabetes Program, other diabetes initiatives and the Chronic Disease Prevention Initiative. This ongoing collaboration helps to coordinate and improve the delivery of diabetes and chronic disease services and programs across the province.
 - Extensive planning occurred with partners related to the development of an HPV program.
 - The West Nile Virus program includes partnerships with municipalities and cities, universities, other government departments and RHAs.
12. Application of public health research related to public health threats and action-oriented public health research (health indicators and determinants, etiologic, prevention and outcomes research).
- Indicator work occurred within the Public Health Network, primarily in the areas of healthy living and population health promotion.
 - All of the approaches undertaken by public health were based on the most current research evidence and epidemiology.

5(e)(1) Provincial Public Health Office

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	7,962.4	94.95	7,666.9	295.5	
Other Expenditures	6,556.1		7,788.5	(1,232.4)	1
Vaccines	13,728.2		17,852.6	(4,124.4)	2
External Agencies	55.2		66.7	(11.5)	
Total Sub-Appropriation	28,301.9	94.95	33,374.7	(5,072.8)	

Explanation Number:

1. Miscellaneous operating over-expenditures
2. HPV program implementation and volume decreases

5(e)(2) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,981.3	88.78	5,847.4	133.9	
Other Expenditures	4,959.0		4,503.1	455.9	
Total Sub-Appropriation	10,940.3	88.78	10,350.5	589.8	

Selkirk Mental Health Centre

The Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide long term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

The SMHC has a formal agreement with the government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Patient services are available at SMHC in four specialized inpatient treatment programs:

- Short Term Treatment and Rehabilitation Program (43 beds)
- Psychosocial Rehabilitation Program (86 beds and eight community residence beds)
- Extended Treatment and Rehabilitation Program (105 beds)
- Forensic Rehabilitation Program (18 beds)

Treatment and rehabilitation services in all programs are provided by multi-discipline teams consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, activity instructors, nurses registered with their appropriate college, psychiatric nursing assistants, recreational therapists, pharmacists, chaplain, dietitian, Aboriginal Elder and Aboriginal Friendship Workers. The SMHC receives support through volunteers assigned to specific patient program areas and needs.

The objectives were:

The patients served by the SMHC are those with challenging treatment and rehabilitation needs that cannot be met elsewhere in the health care system. The objectives are:

- To deliver quality, compassionate, respectful, and cost-effective in-patient mental health services with a patient-centred approach.
- To promote recovery through clinical excellence, cultural competence, community partnerships, and family involvement.

The expected and actual results for 2007/08 included:

1. Patient-focused treatment that supports the goal of returning the patient back to a community setting.
 - Over the fiscal year, 170 patients were returned successfully back to a community setting. Of those patients, 131 were from the Short-Term Treatment & Rehabilitation Program, 26 from the Psychosocial Rehabilitation Program, 10 from the Extended Treatment and Rehabilitation Program and three from the Forensic Rehabilitation Program.
2. Patients and families encouraged to influence the direction of care being provided.
 - Patients in each of the three patient-care buildings meet monthly as a Patient Assembly to ask questions, express concerns and offer suggestions to Program staff representatives. Similarly, patients from all three patient-care buildings meet monthly as a Consumer Advisory Committee to offer advice to the Chief Executive Officer and other senior managers.
 - Patients and families have an opportunity to register complaints, make suggestions, ask questions and offer commendations using 19 suggestion boxes placed around the facility. Anonymous contributions are accepted. On a monthly basis written responses for managers are provided through a Suggestion Tracker document which is posted on all bulletin boards.
 - Family members are encouraged to be involved in patient-care planning through case-conference meetings and other communication with Program staff members.
 - A Family Advisory Committee meets quarterly with the Chief Executive Officer to provide advice on the overall operation and future direction of the facility.
3. Employees who are competent and able to provide patient care in accordance with standards and best practices.
 - The Canadian Council on Health Services Accreditation (CCHSA) undertook an on-site review of SMHC's performance as measured against national standards in September 2005. SMHC was asked to demonstrate measurable progress in addressing a small number of specific concerns within the following 12 months. The CCHSA commended SMHC for addressing the identified concerns and conferred full accreditation status through to September 2008. In October 2007, CCHSA granted SMHC's request to postpone the next accreditation survey to September 2009 to allow completion of Phase 1 of Redevelopment at the Centre. SMHC will retain its full accreditation status through to September 2009.
 - SMHC recruits and seeks to retain the most qualified and experienced people available to serve the Centre's patient population. SMHC works collaboratively with professional licensing bodies to

ensure that its employees are meeting or exceeding professional standards within their respective disciplines.

- SMHC offers a comprehensive Training and Development Service to ensure that employees of the Centre have the opportunity to stay current in their knowledge and skills. The priority Training and Development initiatives were in the areas of Redevelopment-related skills and knowledge training in Psychosocial Rehabilitation, Geriatric Mental Health and Acquired Brain Injury fields of practice. Non-Violent Crisis Intervention, Suicide Prevention and Leadership Training/Mentoring were ongoing initiatives from the previous fiscal year.
4. Effective management of resources to enable and support the delivery of quality patient care.
- SMHC is a careful steward of its human and financial resources in support of quality patient care.
 - SMHC has been allocated 411 staff years to deliver its programs and services but employs 530 persons when full-time, part-time and casual personnel are counted. Those employees are supported by clear and effective leadership at all levels of the organization. Training and Development initiatives are offered to enhance their knowledge and skills and Workplace Safety and Health initiatives to keep them safe and well.
 - SMHC manages a budget of \$29.358 million through a Cost Centre Management process which ensures effective, efficient and accountable financial stewardship.

5(f) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	24,592.7	411.10	24,929.6	(336.9)	
Other Expenditures	4,780.1		4,428.9	351.2	
Total Sub-Appropriation	29,372.8	411.10	29,358.5	14.3	

Healthy Populations

Healthy Populations provides strategic direction, policy development and program planning aimed at improving the health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities. In collaboration with other areas, health promotion, prevention, and early intervention activities are emphasized to further the goals of Manitoba Healthy Living in the seven key areas of active living, healthy eating, healthy sexuality, chronic disease prevention, injury prevention, mental health promotion and tobacco reduction.

The objectives were:

- To conduct ongoing environmental scans and identify research, emerging issues, and best practices affecting priority and vulnerable populations, as well as priority health promotion topics such as nutrition/healthy eating, physical activity and injury prevention.
- To provide strategic direction in policy development and program planning designed to improve the health outcomes for priority populations such as women, children, families, persons with disabilities, seniors and their communities, as well as emerging populations.
- To participate in the ongoing development and implementation of a provincial Healthy Living Strategy with particular attention to prevention and early intervention initiatives and strategies to ensure the inclusion and participation of men, women, children, seniors and persons with disabilities.
- To further the goals of Manitoba's Healthy Living Strategy in key areas: active living; healthy eating; healthy sexuality; chronic disease prevention; injury prevention; and, reduction in the use of harmful substances.
- To participate in provincial and intergovernmental initiatives that emphasize the needs of priority populations such as, Healthy Child Manitoba, Seniors' Safety, Disabilities Issues Office, Women's Directorate.
- To support implementation of the recommendations of the Healthy Kids, Healthy Futures Task Force.

The expected and actual results for 2007/08 included:

1. Evidence-based policies, in keeping with the departmental strategic priorities, that reflect gender-based considerations and address the specific needs of children, seniors and persons with disabilities.
 - A Women's Health Profile to identify useful indicators of women's and teen girls' health was contracted with the Prairie Women's Health Centre of Excellence. An initial feasibility study was completed outlining the type, cost and availability of indicators that should be included in a provincial women's health profile. The Women's Health Profile will describe health care utilization, health status and health outcomes for women in Manitoba by conducting a gender-based analysis of provincial and federal data for over 100 indicators of women's health. Health issues of Aboriginal women in Manitoba will be investigated as well. The Profile is near completion and workshops with RHAs on the Profile are planned for the fall 2008.
2. A provincial Healthy Living Strategy that reflects gender-based considerations and addresses the needs of children, seniors and persons with disabilities.
 - MHHL has developed a Healthy Living Framework which includes seven areas of focus including: active living; healthy eating; mental wellness; healthy sexuality; tobacco cessation; chronic disease prevention; and injury prevention. MHHL has a variety of successful initiatives targeted to address these seven areas including: a Manitoba wide school nutrition policy; a province wide active living initiative called "Moving Around Manitoba" with 5000 registrants; a healthy schools education and awareness initiative involving 500 schools; a injury prevention initiatives for children, seniors, and Aboriginal communities; a bike helmet campaign with distribution of over 44,000 helmets over the past three years; a Falls Prevention Strategy; and a Personal Flotation Device Loaner Program to improve water safety in northern communities.
3. Health planning and estimates planning processes which reflect gender-based considerations and the needs of children, seniors and persons with disabilities, plus the promotion of the healthy living agenda.
 - Participated in the Maternal and Child Healthcare Task Force Committee to develop response for improved services for pregnant women and for children in Manitoba.
 - Participated in an Interdepartmental Teen Clinic Committee with Healthy Child Manitoba to increase the number of teen clinics in schools and communities in Manitoba. MHHL has led a Request for Proposal process with RHAs to establish three new teen clinics. Teen sexual health services are part of a Reproductive Health Strategy that enhances reproductive health promotion and improves reproductive health services including increasing access to reproductive health supplies, and unintended pregnancy service.
4. Breastfeeding promotion and support processes and strategies which are in place provincially and in the RHAs.
 - Provided leadership to the Baby Friendly Manitoba Breastfeeding Strategy including chairing the RHA Breastfeeding Deliverable Network and providing support to breastfeeding initiatives to increase breastfeeding initiation, duration and exclusive breastfeeding rates to six months in Manitoba.
 - Coordination of the Baby Friendly Manitoba Committee that includes the RHAs and independent expert members. Activities included planning an annual Baby Friendly Initiative conference, telehealth Breastfeeding Clinical and Research Rounds, development and distribution of breastfeeding resources and proclaiming Breastfeeding Week in Manitoba.
5. Gender based analysis and women's health considerations that are integrated in provincial health planning and in the RHAs.
 - MHHL provides leadership for the Women's Health Strategy. The Women's Health Strategy identified key areas of action to ensure the health status of women and girls and is addressed in a coordinated, sustainable, equitable and gender-sensitive manner. Several specific initiatives have been identified as part of this strategy including Gender Based Analysis workshops and a Gender Based Analysis Guide for RHAs to improve gender based health planning.

6. In partnership with Manitoba Education, Citizenship and Youth and Healthy Child Manitoba, developed Healthy Schools initiative, including web site; targeted provincial campaigns; resources for school communities that focus on physical activity; healthy eating; safety and injury prevention; substance use and addictions; sexual health; and mental health.
 - Key activities and outcomes included:
 - Provision of funding to school divisions to facilitate their ability to work with RHAs and other local resources in developing and implementing Healthy Schools activities.
 - A follow up Healthy Schools survey was conducted to capture changes schools had made since the baseline survey in 2005. Results are pending.
 - Distribution of the Healthy Living Challenge 2008 to all grade 3 and 4 students. The challenge is a game that encourages families to adopt healthier lifestyles covering a range of health topics. It includes both a take-home activity calendar for families and a classroom kit for teachers.
 - A 56% participation rate of schools in the "Food for Thought Healthy Eating Campaign" and a 60% participation rate of schools in the "Get in motion Physical Activity Campaign".
 - Development of a resource titled Getting "in motion" at School, which provides activity ideas for teachers to use in classrooms, gyms and playgrounds.
 - Introduced a provincial school nutrition policy aimed at ensuring that healthier foods are available in school cafeterias and vending machines. Key activities and resources include:
 - Guidelines for foods served in schools
 - A healthy vending in schools demonstration project
 - The Manitoba School Nutrition Handbook: Getting Started with Guidelines and Policies (provided to all publicly funded schools)
 - Workshops, telephone and web support for implementing nutrition policy
7. Ongoing participation by Manitoba in the Pan Canadian Joint Consortium on School Health.
 - MHHL representatives continued to participate and attended all the Pan Canadian meetings on school health, supporting the Joint Consortium.
8. Ongoing phased-in development of the Children's Therapy Initiative with the health sector as a full participant.
 - RHAs continued to work with local school divisions, regional offices of Manitoba Family Services and Housing and other community organizations to implement therapy services for children to address regional needs.
9. Strategies to address the needs of children, youth and adults with special needs, due to sexual exploitation, Fetal Alcohol Spectrum Disorder, autism and other conditions.
 - In partnership with Manitoba Family Services and Housing and Manitoba Education, Citizenship and Youth, MHHL participated in a facilitated consultation with stakeholders on services for individuals with autism. An interdepartmental committee on autism has been formed to further work in these areas.
 - Participated on an inter-departmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy Committee to address gaps in services to children, families and individuals with FASD in the areas of prevention, intervention, treatment and support.
 - Addressed the issue of sexual exploitation of children and youth through interdepartmental partnerships. Resources were produced to increase awareness for professionals working with vulnerable children. MHHL has worked with health care providers to provide training for front line workers to recognize at-risk children and youth and to intervene effectively with youth involved in the sex trade. Funding was provided to participate in a study on the service needs for boys involved in the sex trade in Manitoba.
10. Ongoing support of interdepartmental work in the disability area, including updated Guidelines on Access to Government, such as government documents, web sites and services, disability supports and services, and supports for First Nations persons with disabilities.

- MHHL, in partnership with community agencies, sponsored the inaugural Disability, Health and Wellness: Options for Healthy Living conference held on September 24 and 25, 2007. The conference featured health promotion and wellness workshops, exhibitors and speakers aimed at individuals living with a disability or chronic condition, caregivers and service providers. A web-conferencing feature was available to reach a wider audience.
11. Healthy Living strategies and initiatives such as the Interdepartmental Food and Nutrition Committee, Northern Healthy Foods Initiative, Chronic Disease Prevention Initiative and others developed in collaboration with partners.
- A Healthy Sexuality action plan was developed and is being implemented in collaboration with Public Health. Since its development, the following initiatives have been put into place:
 - Three additional teen clinics were funded in Manitoba. RHAs receiving funding included: Brandon, Central and North Eastman.
 - Rapid HIV testing was launched in 2008 at Nine Circles Community Health Centre. Rapid HIV Testing ensures that patients can receive their results the same day that they present for testing, increasing the number of people seeking testing and eliminating cases of people not returning to get their results.
 - Funding was provided to expand sexually transmitted infections (STI) testing services at the Brandon Public Health Unit and through Klinik Community Health Centre through expanded hours of operation and the use of mobile clinical services.
 - Three initiatives were funded and are underway to address the sexual health promotion needs of Aboriginal youth in the north:
 - The Safer Choices Northern Network in Thompson to develop a youth advisory committee that will inform the development of a targeted resource.
 - The Play it Safer Network in NOR-MAN RHA to produce a graphic novel about safer sex and co-factors which influence high risk behaviours (ex: alcohol and drug use).
 - Teen Talk (from Klinik) for ongoing programming in Norway House and the establishment of a youth outreach program.
 - Funds have been provided for Immigrant and Refugee communities in Winnipeg and Brandon to create awareness and provide education. Partners included Manitoba Labour and Immigration and Heritage Canada.
 - Funds have been provided to support mental health promotion, public awareness and STI prevention among gay, lesbian, bisexual and transgender Manitobans through the Rainbow Resource Centre.
 - Funds have been provided for the development of a provincial HIV program to be jointly managed through Health Sciences Centre and Nine Circles Community Health Centre. Improving the quality and scope of care available to persons living with HIV.
 - MHHL provided a tent called "Fit, Food and Fun" at the Winnipeg Teddy Bears' Picnic, an annual springtime event that is coordinated by the Children's Hospital Research Foundation. Resources of all kinds, on the topics of injury prevention, physical activity and healthy eating are shared in a fun and interactive environment.
12. Prepared Research-based reports on obesity and the nutritional status of children and adults in Manitoba.
- MHHL published a new research-based report in November 2007 entitled "Weight Status of Manitoba Children". The report assists in evidence based program and policy development by describing the prevalence of childhood overweight and obesity relative to gender, age, place of residence, socio-economic status and physical activity levels.
13. *In Motion* strategies, on a phased-in basis, developed to target physical activities for children and youth, older adults and inactive adults in community settings such as schools, child care facilities and workplaces.
- Manitoba Government continued to develop and implement Manitoba *in motion*, a provincial strategy to help Manitobans increase physical activity for health benefits.

- Fifty-five new schools registered as Healthy Schools *in motion*, bringing the total to 480 schools that are working toward the goal of 30 minutes of physical activity for every student, every day.
 - Twenty-four new communities registered as Communities *in motion*, bringing the total to 83 communities in which partners are working to create supportive environments that encourage people to be more active.
 - Awarded 116 grants totaling \$303,000 to help community partners implement ways to increase physical activity among citizens of all ages.
 - Launched Workplaces *in motion*, a new component of Manitoba *in motion* to encourage adults to build more physical activity into their work day. Sixty-five workplaces enrolled in the first two months.
 - MHHL launched Moving Around Manitoba encouraging Manitobans to get "*in motion*" by increasing physical activity, making healthy eating choices, and supporting emotional well-being. Collectively, Manitobans are making a virtual trip around Manitoba as we track our physical activity on the Moving Around Manitoba web site. There are 5,000 Manitobans registered and over 80 trips have been made around the province.
14. Injury prevention processes and strategies in place provincially and in the RHAs.
- MHHL is working intersectorally to prevent and reduce intentional and unintentional injury for children, youth and adults. Responses include implementation of a provincial injury prevention strategy; surveillance and reporting on injury data and trends; RHA performance deliverable to reduce injury; collaboration with national injury prevention initiatives; implementation of Healthy Kids Healthy Task Force recommendations related to injury prevention specifically bike, farm and water safety; planning of the next "Injury Free Manitoba" Injury Prevention Inter-sectoral conference and recognition of community leaders in Injury Prevention through Injury Prevention Awards.
 - A total of 12,884 low cost bicycle helmets were sold to Manitoba children in 2007. Over 1,500 free helmets were provided to children living on reserves and families unable to afford a helmet. MHHL has provided over 44,000 bike helmets in the past three years.
 - MHHL and Manitoba Public Insurance co-chaired a new "Safe Cycling" sub-committee of the Manitoba Road Safety Co-ordinating Committee. The Safe Cycling Sub-committee plans to explore partnerships to increase cycling education for cyclists and for drivers.
 - Funding of \$5,000 was provided to Manitoba Cycling Association to develop an instructor pool in the CAN-BIKE Cycling Skills Program. This program will increase the number of cyclists who have received training in riding safely in the province helping Manitobans stay active.
 - MHHL worked once again with Manitoba Education, Citizenship and Youth to provide injury prevention information as part of Safe Kids Week to Manitoba school children. Information focusing on pedestrian safety was provided to all children in kindergarten to grade 6.
 - MHHL has worked with Manitoba Agriculture, Food and Rural Initiatives (MAFRI) to develop a "Safe Play Area on Farms" grant program to improve children's farm safety. More than 80 families have participated in the program for a total of \$28,500 in grants for the building of Safe Play Areas on family and colony farms since 2006. MHHL developed a traveling "Safe Play Areas on Farms" display which is available to MAFRI GO Teams and other farm safety organizations throughout the province to promote the grant program. This display regularly appears at agricultural trade shows and community events.
 - MHHL provided approximately \$50,000 annually for the purchase of Personal Flotation Devices (PFDs). Over the past two years training has been delivered in the PFD loaner program to more than 40 northern communities. Over 1,100 PFDs remain in those communities and are being used by local residents for safer water experiences.
15. Seniors' home safety and falls prevention initiatives, in partnership with Manitoba Justice, Manitoba Seniors and Healthy Aging Secretariat and community partners, expanded.
- MHHL provided funding, in partnership with Manitoba Justice and Manitoba Seniors and Healthy Aging Secretariat, for the continued expansion of the SafetyAid home safety and falls prevention program for seniors. Age & Opportunity Inc. delivers this program which is now available in Winnipeg, Brandon, Portage la Prairie, Dauphin and other southwestern Manitoba communities.

Expansion into communities in eastern Manitoba was announced. The SafetyAid van and team conducts home safety and falls prevention audits, installs home safety devices, and provides falls prevention supplies to eligible seniors in the community to reduce the risk of falls and promote home safety.

- Provided funding to the Misericordia Health Centre to develop a Falls Prevention and Vision Screening pilot project. The "Focus on Falls" initiative identifies seniors with vision problems and refers them for vision services. Improved vision has been proven to reduce falls in a senior aged population.
- Provided funding to Osteoporosis Canada – Manitoba Chapter to coordinate a Falls Prevention Strategy and Network including the development of resources to prevent and reduce falls and implementation of a Falls Prevention Curriculum. Osteoporosis Canada – Manitoba Chapter has also been funded to deliver bone health education workshops and training to seniors groups and health care professionals. Over 100 educational events were provided reaching 650 participants.

5(g) Healthy Populations

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	542.7	7.00	542.9	(0.2)	
Other Expenditures	1,332.4		1,037.1	295.3	1
Total Sub-Appropriation	1,875.1	7.00	1,580.0	295.1	

Explanation Number:

1. Miscellaneous operating over-expenditures

Northern Nursing Stations

The objectives were:

- To provide cost effective and quality health care to the communities of Chemawawin Cree Nation/Easterville, Misopawistik Cree Nation/Town of Grand Rapids and Mosakahiken Cree Nation/Moose Lake through the management of the community nursing stations.
- To continue to work collaborative with these communities to improve the quality of health services and programs.

The expected and actual results for 2007/08 included:

1. Sufficient staffing and operating resources, and appropriate direction and coordination to enable nursing station staff to provide quality primary and emergency services to the communities they serve.
 - Nursing stations provided quality primary and emergency services to the residents of the communities they served. These services were provided within approved funding levels.
2. Ongoing support of the negotiation process among Manitoba Health and Healthy Living, Health Canada and First Nations, as well as the adjoining communities to enable development of location governance of the community nursing station.
 - MHHL continued to participate in and support negotiations to strengthen health services in the communities.
 - A Steering Committee representing MHHL, the First Nations Inuit Health Branch, Health Canada and community leaders of Easterville/Chemawawin Cree Nation, Moose Lake/Mosakahiken Cree Nation, and Grand Rapids/Misopawistik Cree Nation are continuing to work together to strengthen services and programs in these communities.

5(h) Northern Nursing Stations

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	FTE	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,353.1	16.37	1,589.3	(236.2)	
Other Expenditures	2,098.7		1,514.4	584.3	1
Total Sub-Appropriation	3,451.8	16.37	3,103.7	348.1	

Explanation Number:

1. Miscellaneous operating over-expenditures

Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

Funding to Health Authorities

- Acute Care Services
- Long Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

The objectives were:

- To allocate funds to Regional Health Authorities (RHAs) to manage and provide facility and community-based health services across the health care continuum.
- To design a service delivery system that responsively, efficiently, and effectively meets the needs of the various regions and is balanced against the needs of affordability and sustainability.
- To provide appropriate health services, through the services of the health organizations, based on community health assessments, provincial and local objectives, and available resources.
- To require that regional health organizations comply with provincial standards of core health services.
- To ensure fiscal and program accountability by setting expectations, evaluating and reporting.

The expected and actual results for 2007/08 included:

1. Funding will provide for the efficient, effective, and appropriate delivery of core health services in Manitoba under the management of the RHAs, including: acute; long-term care; emergency response and transportation, including Northern Patient Transportation Program; mental health; home care; public health; primary care; and, other community-based health services.
 - River Park Gardens, an 80 bed personal care home, officially opened in St. Vital, Winnipeg.
 - Renovations were completed on a new emergency room and special care unit at St. Anthony's Hospital in The Pas.
 - New echocardiography equipment was provided for the Brandon Regional Health Centre.
 - New investments in medical training allowed the expansion of the pediatric residency training program in Thompson and Brandon.
 - Emergency Room expansions/renovations; chemotherapy and obstetrical service expansions occurred at Bethesda Hospital in Steinbach.
 - The Ste. Anne Hospital surgical program renovation and expansion project was initiated.
 - A new computed tomography (CT) scanner was provided for Boundary Trails Health Centre.
 - Investments for the Portage District General Hospital Emergency Room redevelopment were undertaken.
 - A new Magnetic Resonance Imager officially opened at Boundary Trails Health Centre.

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- Extended coverage for the cost of ground ambulance service for residents of Manitoba requiring an inter-facility transfer was provided.
 - A new community cancer program established in Deloraine.
 - The orthopaedic prehab programs at Pan Am and at the Brandon RHA were expanded.
 - Winnipeg Regional Health Authority (WRHA) Pediatric anesthesia program completed hiring its full complement of anesthetists.
 - WRHA Cardiac Sciences restarted its Electrophysiology Program.
 - WRHA Critical Care Program added two beds at Health Sciences Centre (HSC).
 - Replacement of the Victoria Hospital CT Scanner with a new 64 slice CT Scanner.
 - Replacement of a time expired four slice CT Scanner and 16 slice CT Scanner at the St. Boniface General Hospital with two new 64 slice CT Scanners.
 - The relocation of the Nuclear Medicine program at the HSC was approved including two new gamma cameras and funding for required renovations.
 - Replacement of ultrasound scanner at Misericordia Hospital occurred.
 - The province announced over \$20.0 million investment in funding to expand renal health services, including dialysis across the province.
 - The Thompson 10 station dialysis unit opened in November 2007.
 - Construction commenced on The Pas 10 station dialysis unit with the target to become operational in April 2008.
2. Regular financial and statistical reporting, as defined by Manitoba Health and Healthy Living, will be received and provided by the RHAs.
- WRHA Rehabilitation and Geriatrics Program implemented the National Rehabilitation Reporting System, supported through the Canadian Institute for Health Information, at all rehabilitation sites.
 - WRHA Rehabilitation and Geriatrics Program rolled out the Rehabilitation/Geriatrics Intake Tracking System, providing online access to referral information for clinicians and physicians.
 - Diagnostic Services of Manitoba implemented a means to provide turn-around times for pathology cases. This system is designed to track process improvements.
3. A service delivery system that responsively, efficiently and effectively meets the needs of the various Regions.
- HSC replaced its 2003 Gamma Knife with the next generation of technology in order to maintain leadership in high quality and safe patient care. This upgraded version of the Knife expands its capability to allow for treatment of cancers in the lower head and neck, thereby avoiding highly disfiguring surgery for patients.
 - Recent recruitment and fellowships eliminated anaesthesia based surgery slate cancellations this year.
 - WRHA Critical Care Program graduated 30 nurses from the Adult Intensive Care Nursing Program and revamped the program according to recommendations from the May 2007 external review process.
 - WRHA Critical Care Program appointed a medical director and graduated four staff from the Clinical Assistants Training Program.
 - WRHA Critical Care Program secured seven new attending physicians to help meet the needs within the program.
 - WRHA Rehabilitation and Geriatrics Program hired two new physiatrists, one starting January 2008 and the other in July 2008.
 - Various specialized equipment requests from the RHAs and CancerCare Manitoba were funded on an emergent basis, totaling \$3.6 million in expenditures.
4. Collaboration with RHAs to provide appropriate health services based on community health assessments, provincial and local objectives, and available resources.
- RHAs have implemented support options in community housing according to their Long Term Care strategies. Supporting individuals to remain in their communities and age in place promotes independence in daily living and maximizes overall well being and health.
5. Regional Health organizations compliant with provincial standards of core health services.

- RHAs participated in Personal Care Home (PCH) Standards visits and the development of action plans to ensure that all the standards are met over time.
 - The Pinaow Wachi and Nisichawayasihk PCHs had monthly or as needed Working Group meetings facilitated by MHHL to support and monitor their progress in meeting standards for PCHs.
 - RHAs and CancerCare Manitoba continue to establish policies and procedures in order to actively participate in and meet the legislative requirements for the reporting and management of Critical Incidents.
6. Fiscal and program accountability, including ongoing monitoring of services provided in the regions.
- RHAs provided Nursing Service Guideline Reports semi-annually to MHHL describing the organization of nursing services in PCHs within their health regions.
 - RHAs and CancerCare Manitoba submitted annual Health Plans that included quality and patient safety initiatives, actions, and accomplishments. Canadian Council on Health Services Accreditation reports were submitted where applicable.

6(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Acute Care Services	1,674,645.7	1,680,922.3 *	(6,276.6)	1
Long Term Care Services	490,497.0	465,159.0	25,338.0	2
Home Care Services	251,668.0	237,372.8	14,295.2	2
Community and Mental Health Services	176,343.7	179,182.7	(2,839.0)	2
Emergency Response and Transport Services	52,500.0	43,735.8	8,764.2	3
Third Party Recoveries	(8,527.8)	(12,263.5)	3,735.7	2
Reciprocal Recoveries	(37,211.0)	(35,012.2)	(2,198.8)	2
Recoverable from Urban Development Initiative	(2,000.0)	(2,000.0)	0.0	
Total Sub-Appropriation	2,597,915.6	2,557,096.9	40,818.7	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. Primarily due to price and volume increases, offset by net distribution of the 2007/08 funding within 21-6A and under expenditures in Construction Programming - Operating and Interest.
2. Primarily due to a net distribution of the 2007/08 funding within 21-6A.
3. Primarily due to a net distribution of the 2007/08 funding within 21-6A, and Ambulance Services to Members of First Nations.

Provincial Health Services

Provincial Health Services is composed of the following:

Hospital – Out of Province**The objectives were:**

- To provide payment to residents of Manitoba for insured hospital services required while they are temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

The expected and actual results for 2007/08 included:

1. The portability of benefits under *The Canada Health Act* is upheld and fulfilled through Inter-provincial reciprocal billing arrangements.
 - The requirement of portability of benefits under *The Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To provide funding for Manitoba's share of the operating cost of the Canadian Blood Services, which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To provide funding for unique-to-Manitoba transfusion-related laboratory testing services by Canadian Blood Services.
- To ensure funding and distribution of adequate, safe and affordable fractionated and/or blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Multi Provincial Territorial Assistance Plan (MPTAP) for financial compensation of Manitobans living with HIV as a result of contact with the blood supply.

The expected and actual results for 2007/08 included:

1. Timely delivery of safe, reliable and affordable quality blood products and services to RHAs, facilities and physicians.
 - Provincial Blood Programs Coordination Office (PBPCO) continues to work with Canadian Blood Services and other Provinces/Territories to ensure the continued availability of high quality blood and blood products in a cost conscious manner.
2. Timely and accurate provision of financial assistance to Manitobans eligible for MPTAP.
 - PBPCO provided timely and accurate information to Manitobans eligible for MPTAP.
3. Timely and accurate response to inquiries regarding Blood Programs.
 - PBPCO provided timely and accurate information to external and internal stakeholders.

Federal Hospitals

The objectives were:

- To provide funding for services in two federal hospitals and 18 federal nursing stations.

The expected and actual results for 2007/08 included:

1. Two federal hospitals and 18 federal nursing stations are funded for services provided.
 - Funding for service provision was provided

Prosthetic and Orthotic Devices

The objectives were:

- To provide funding assistance to persons of all ages who have physical disabilities and require devices to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2007/08 included:

1. Financial assistance provided to eligible Manitobans who have physical disabilities and require assistive devices to improve their ability to function.
 - Financial assistance for the purchase of assistive devices was provided to over 35,000 eligible Manitobans. Over 95% of the financial assistance was provided for prosthetic devices, orthotic devices, hearing aids and eyeglasses for seniors. The average benefit per client was \$3,024 for a prosthetic device, \$386 for an orthotic device, \$2,165 for hearing aids and \$41 for eyeglasses.

Healthy Communities Development

The objectives were:

- To refocus health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion and to bridge the transitions through the Healthy Communities Development Fund.

The expected and actual results for 2007/08 included:

- Development of a more effective and affordable health care system through the funding of prevention and health promotion initiatives by the Healthy Communities Development Fund that help reduce preventable chronic disease and injury thereby reducing health care costs.
 - Invested in a number of initiatives designed to promote good health and prevention of chronic diseases and injury. Specific examples included: funding of the Chronic Disease Prevention Initiative; implementation of the provincial physical activity strategy called *Manitoba in motion*; nutrition and healthy eating initiatives; public education campaigns targeted to injury prevention among children and youth in the areas of bicycle safety; water safety and safe play areas on farms; promotion of healthy sexuality and prevention of sexually transmitted infections; mental health promotion; and funding of the Chronic Disease Prevention Initiative.

Nursing Recruitment and Retention Initiative

The objectives were:

- To attract and retain Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses to Manitoba, through relocation assistance, grants, financial incentives and other strategies.

The expected and actual results for 2007/08 included:

- Improved supply of nurses in Manitoba, and increased interest in Nursing as a profession through incentive programs and marketing strategies.
 - The Nursing Recruitment and Retention Fund (NRRF) provides a \$4,000 Conditional Grant to new registered nurses, nurses on the extended practice register and registered psychiatric nurses for a one year return of service commitment in rural or northern Manitoba, where recruitment is generally more difficult. The grant began in 2004 and as of December 31, 2007, there have been a total of 269 recipients of this grant who accepted positions in rural or northern Manitoba.
 - The NRRF has allocated more than \$19.3 million towards strategies to recruit and retain nurses in the Manitoba workforce since 1999. As of December 31, 2007, 973 nurses have received NRRF relocation assistance to work in Manitoba, 496 individuals have received funding for refresher programs to re-enter the nursing workforce, and more than \$8.5 million have been allocated to the RHAs for nurses' continuing education.

6(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Out-of-Province	31,810.6	30,933.0	877.6	
Blood Transfusion Services	50,419.5	51,004.6	(585.1)	
Federal Hospitals	2,399.6	2,168.5	231.1	
Prosthetic and Orthotic Devices	9,152.8	9,383.4	(230.6)	
Healthy Communities				
Development	5,480.9	6,375.5	(894.6)	1
Nursing Recruitment and Retention Initiatives	1,699.8	1,700.0	(0.2)	
Total Sub-Appropriation	100,963.2	101,565.0	(601.8)	

Explanation Number:

- Primarily due to delays in implementing initiatives

Medical

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between MHHL and the various professional associations.

The objectives were:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

The expected and actual results for 2007/08 included:

- That 13 million claims for approximately 20 million services will be processed and paid to medical practitioners, optometrists, chiropractors and dental surgeons.
 - 10.5 million claims for approximately 19.1 million services were processed and paid to medical practitioners, optometrists, chiropractors, registered nurses extended practice and dental surgeons.
 - 17.9 million physician services, 184,425 optometric services, 913,111 chiropractic services, 4,616 oral surgeon services and 35,359 registered nurse extended practice services were paid.

6(c) Medical

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Physician Services	721,552.3	747,194.3 *	(25,642.0)	1
Other Professionals	16,683.5	16,333.6	349.9	
Out of Province Physicians	22,580.9	20,743.5	1,837.4	
Other	15,621.7	13,909.2	1,712.5	2
Third Party Recoveries	(4,762.7)	(5,522.2)	759.5	
Reciprocal Recoveries	(11,997.4)	(10,447.7)	(1,549.7)	3
Total Sub-Appropriation	759,678.3	782,210.7	(22,532.4)	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

- Primarily due to price and volume decreases
- Primarily due to a net distribution of the 2007/08 funding within 21-6C
- Higher number and average cost per claim

Pharmacare

Pharmacare is an income based drug benefit program that helps protect Manitobans from high drug costs and provides 100% financial assistance for eligible prescription drugs once a preset deductible is met. Pharmacare has no enrollment fees, maximum benefit payments, co-payments, premiums or age restrictions.

The Pharmacare deductible rates were as follows: 2.56% for families with total adjusted income up to \$15,000 (minimum of \$100 deductible is applicable), 3.83% for families with total adjusted income greater than \$15,000 and less than or equal to \$40,000, 4.41% for families with total adjusted income greater than \$40,000 and less than or equal to \$75,000 and 5.51% for families with total adjusted income greater than \$75,000. Total family income is reduced by an adjustment of \$3,000 for spouse and for each dependent less than 18 years of age, where applicable.

The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act and Regulations* and protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

The expected and actual results for 2007/08 included:

- Reimbursement provided to beneficiaries and pharmacies for eligible prescription expenses covered under the program.
 - There were 87,943 families who received benefits from the Pharmacare Program for 3,277,070 eligible prescriptions. The average number of prescriptions per family was 37.3.
 - The average benefit paid per family was \$2,557.61 (as of May 23, 2008 unaudited).
- An improved electronic transfer process implemented with Revenue Canada for verifying incomes during the processing of Pharmacare applications for benefit coverage.
 - The anticipated completion date of the first phase for the File Transfer Protocol with Revenue Canada is December 2008.

6(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures	224,923.7	224,532.2	391.5	
Total Sub-Appropriation	224,923.7	224,532.2	391.5	

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba (AFM), among other service providers and along with Manitoba Health and Healthy Living (MHHL), represents initiatives under one of the seven pillars of the MHHL mandate, to reduce substance abuse through addictions strategies. AFM contributes to the health and wellbeing of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.

The Foundation's expenditures are contained in a separate Annual Report.

Addictions Foundation of Manitoba is composed of the following:

Program Delivery (Alcohol and Other Drug Services)**The objectives were:**

- To provide a range of programs and services in the Province of Manitoba to reduce the harm associated with alcohol, tobacco and other drug misuse.

The expected and actual results for 2007/08 included:

- Reduced involvement or harm with alcohol and other drugs.
 - There were a total of 14,942 program admissions to Alcohol and Other Drug Programs for Adults and Youth. The distribution of program admissions follows in the table below.

Program Region	Youth Services	Impaired Driver Program	Family/Affected Services	Adult Rehab Programs
Winnipeg	1,846	1,160	977	6,214
Western	448	433	297	2,122
Northern	156	160	16	1,113
Totals:	2,450	1,753	1,290	9,449

- AFM's Winnipeg programs have seen an increase in the number of men and women seeking intensive programming. This increase resulted in several program changes, including:
 - A seven spot Women's Day Program called WISER (Women Invested in Sobriety, Empowered in Recovery) expanded in the fall 2007 to accommodate up to 14 women in the three month treatment cycle.
 - Eight additional residential beds for males were opened at James Toal Centre increasing the program's capacity to 36 beds.
 - *Links Program*: men on the wait list for intensive programs were able to attend a weekly support group where staff provided ongoing education and support with regards to substance use issues and helped prepare clients for their entry to intensive programs.
 - AFM School Based Programs for youth provided on-site education/assessment and counseling service to students in 64 schools within 23 School Divisions throughout the province.
 - The AFM Thompson Residential Rehabilitation program functioned at an overall 83% occupancy rate with clients served from all communities in Northern Manitoba. The half-way house at AFM's Polaris Place provided 38 men and women with extended care and a sober environment in which to rebuild their lives.
 - The "Street Youth" outreach service focused on out-of-the-mainstream youth aged 13-29, who were typically not reached through traditional office-based services.
2. Improved physical/psychological health.
- AFM Parkwood staff and Canadian Forces Base Shilo staff worked to develop resources that assisted military staff and their families dealing with job related stress.
 - Three afternoons per week, AFM offered off-site services to clients, consultation with medical staff and referral services to patients of the primary care clinic at the Burntwood Community Health Resource Centre in Thompson.
 - Completion of the health behaviour survey by all grade 7 to 12 students in Thompson laid the ground work for adapting services of the Adolescent Health Education Centre at R.D.Parker Collegiate, to meet the changing needs of youth in Thompson.
 - The Compass Youth Residential Facility became smoke free, joining a number of other Canadian Youth Treatment Centers.
3. Improved family and/or social functioning.
- AFM's Western Region Family Program provided service to 33 clients. Fourteen sessions of the Parent Intervention Program were also offered to Western Region parents by AFM Youth Program staff.
 - AFM's Family Program in Winnipeg offered day and evening programming for 331 affected family members. The Family/Affected Programs provided education and counseling to 695 individuals throughout Manitoba.
 - Parents and children were able to access specialized services to improve family functioning, thereby maximizing an adolescent's ability to maintain positive change with regards to alcohol/other drug use and other high risk behaviors. Bilingual services are also available in the Winnipeg area.
 - Enhancement to Services for Families – AFM's Compass Program Prevention Education Consultant (PEC) position provided enhanced information and support services to families. The Family Counselor was available to meet with families to provide information and support, and to participate in Family Day programming.
4. Improved employment and/or vocational/educational functioning.
- In Brandon, the AFM's Opiate Dependency and Addictions Clinic (ODAC) staff worked closely with a number of outside agencies including Mental Health, Correction Services, Public Health and Social Assistance. Services were provided to clients from all areas of Manitoba outside of the Winnipeg region; most lived in rural areas.
 - In Thompson, 38 men and women continued care as half-way house clients, and were provided with counseling and support to re-enter the work force while living in a supported sober community post rehab.

5. Reduced involvement with criminal justice system.
 - AFM partnerships with Youth Justice exist in Thompson, Brandon, and Winnipeg. Youth on probation received assessments and individual and group counseling services.
 - The Winnipeg Youth Justice Project provided AFM services to clients at two Winnipeg high-risk youth probation offices. In January 2008, the project expanded to include two additional half days at the male probation office. The average number of youth on the counsellor's caseload was 50 with an average of 30 active clients.
 - In the Brandon Youth Justice Project, the majority of youth continued to receive a two-session Awareness Program following the intake and assessment process.
 - A significant number of referrals to AFM Adult and Youth Rehabilitation Programs continued to come from the Justice system. For example, 900 adults and 226 youth were referred to Intake Assessment by the Justice system. Counselors assisted clients to develop strategies to help address their substance use in the short and long-term so that negative impacts can be avoided.
 - The AFM Impaired Driver Program's mandate is to assess individuals' substance use with regards to risk related to future driving while impaired. A total of 1,736 individuals accessed the program.
6. Improved competencies at the community level for taking action in addressing and/or preventing alcohol and other drug problems.
 - In the Western Region, the AFM participated on the following committees:
 - Brandon Drug and Alcohol Education Coalition which is dedicated to reducing the harm associated with alcohol and other drugs for Brandon Area youth
 - Swan River Interagency group
 - Chairs the Multi-Agency Prevention Program for Brandon area youth
 - During the past year the Brandon Drug and Alcohol Education Coalition accomplished three major objectives:
 - Early years' curriculum for alcohol and other drug education and related issues was developed by the Education Subcommittee
 - Application was made for funding for a Program Coordinator
 - Developed a plan for activities that will mobilize the community to reduce the harm from substance use and gambling for Brandon Area youth and their families
7. Improved community health through the prevention, reduction, and/or elimination of alcohol and other drug problems.
 - Throughout the province, AFM conducted 678 public awareness workshops, and staff attended 49 display booths at various events targeted to increase the understanding of the general public, media and professionals on current issues in the area of addictions.
 - Prevention Education Consultants throughout the province continued to provide standardized training and customized workshops to the general public, community organizations and private organizations. AFM's Adult Education Services delivered a total of 94 standardized courses to a wide audience of professionals and paraprofessionals working in the addictions field.
 - AFM staff were involved in 1,705 prevention education events throughout the province. It is estimated that 49,184 individuals attended these activities, with an average of 29 participants at each.
 - A Dual Recovery Anonymous group was started in Brandon. AFM staff helped to promote awareness of the group and publicize it in the community.
8. Enhanced knowledge and understanding of the prevalence, risks, effects of alcohol, and other drug abuse.
 - Knowledge exchange will be incorporated into the development of the MHHL departmental research plan as this function has been re-assigned from the AFM research unit to MHHL.
9. Improved skill in the identification, recognition, intervention, rehabilitation and referral of individuals experiencing problems with alcohol and other drugs.
 - Prevention Education Consultants continued to take the lead in working with community partners through:

- Facilitation in the delivery of the Co-occurring Disorders Initiative training workshops in all areas of the province
- Continued training for health care and social service professionals in the assessment of addictions
- Training and policy development in workplaces throughout the province related to employee drug and alcohol testing
- Training and staff development for community partners
- In partnership with MacDonald Youth Services and the Child and Youth Care Workers Association of Manitoba, AFM's Compass Program offered one-day training by Dr. Lorraine Fox titled, "Understanding and Intervening with Challenging Youth and Youth Behaviors" that generated an overwhelming response from community professionals with almost 250 people in attendance.
- Community Prevention Programs offered a wide variety of standardized courses throughout Manitoba to allied professionals.
- AFM provided training for workers from Marymount and the Knowles Center. Four prevention workshops were offered: Adolescent Alcohol and Drug Issues; Motivating Youth Towards Positive Change; Youth Impacted by the Substance Use of Gambling of a Significant Other; and Group Counselling with Adolescents.
- At the request of schools throughout the province, AFM facilitated 42 Student Assistance Program workshops for school staff.
- Youth Prevention and Education staff in Winnipeg region delivered standardized courses targeted at youth allied professionals in order to assist the community in identifying and intervening with substance use problems as early as possible, preventing more serious problems from developing.

Problem Gambling Services

The objectives were:

- To provide a range of programs and services for individuals and communities; to reduce the harm associated with gambling including: problem gambling awareness; prevention; intervention; and treatment for gamblers and their families.

The expected and actual results for 2007/08 included:

Reduced involvement or harm with gambling through:

1. Increased community awareness of gambling issues, in order to improve competencies at the community level for taking action in addressing, and/or preventing gambling related problems.
 - AFM began work on a second play (Quest for A Money Tree was completed in 2006/07) under the Seniors Theatre initiative, with a goal of increasing problem gambling awareness among older adults. In collaboration with the Manitoba Vietnamese Seniors Association and Age and Opportunity "A Cup of Hope" was written and will be performed in the community.
 - The AFM operated a Responsible Gaming Information Centre (RGIC) in two Winnipeg casinos, The McPhillips Street Station and Club Regent. Since the first centre opened in December 2002 there have been 15,070 visits to the Centers and another 6,468 people visited the on-site Open Houses.
 - The development of a Touch Screen Program for the RGIC was completed and hardware installed in both casinos in Winnipeg. The touch screens will be used as a teaching tool by AFM staff in the casinos with the patrons.
2. Increased skills of professionals/para-professionals in identifying individuals requiring help, and referring them to the appropriate resource.
 - An agreement between AFM and Klinik to provide after hours Gambling Helpline call pick-up resulted in Klinik staff being trained to respond to callers. All calls received after 4:30 pm and on weekends are now handled by specially trained Klinik counselors.

- Through a partnership between AFM and Manitoba Lotteries Corporation, training was offered to staff at all lottery retail sites in Manitoba, with the exception of a few sites, the majority of training has been completed.
 - Throughout the province 69 Customer Assistance Training sessions were conducted with casino, restaurant and bar staff, increasing awareness and providing intervention tools for those encountering problem gamblers.
3. Increased knowledge on the risks of gambling for adolescents throughout the Province, to assist them in making better decisions.
 - AFM partnered with Manitoba Lotteries Corporation to bring "Know the Score" to three Manitoba universities.
 - The Keeping Your Shirt On/Keeping Your Spirit Strong, gambling prevention and education program was offered in high schools throughout the Province. There were 88 presentations made to 1,203 individuals.
 - The Lucky Day Program was offered to students in grades 7-9 by AFM workers. There were 164 presentations made to 2,347 individuals.
 4. Increased knowledge through population surveys of the incidence of problem gambling in the province, generally and in selected populations.
 - Population problem gambling prevalence estimation is no longer a function of the AFM as the research function has been reassigned to MHHL.

7 Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Other Expenditures				
Program Delivery	17,559.8	16,502.8	1,057.0	
Problem Gambling Services	1,918.6	1,918.6	-	
Third Party Recoveries	(1,599.1)	(1,599.1)	-	
Recoveries from Manitoba Lotteries Corporation	(1,918.6)	(1,918.6)	-	
Total Sub-Appropriation	15,960.7	14,903.7	1,057.0	

Capital Funding

Provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

The objectives were:

To provide funding for capital projects, specialized equipment, and basic equipment for Regional Health Authorities (RHAs), Diagnostic Services of Manitoba, and CancerCare Manitoba through principal repayment on approved borrowing, outright capital payments, and outright equipment purchases.

Principal Repayments

The expected and actual results for 2007/08 included:

1. Acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system.
 - Acquisition, construction, and renovation of physical assets were completed to support the infrastructure of the health care system.

2. Principal repayment of long-term debt supporting capital and equipment approved expenditures.
 - Approximately \$59.6 million in principal repayment of long-term debt supporting capital and equipment approved expenditures occurred as the result of the acquisition, construction, and renovation of physical assets to support the health care system.
3. Increase to long-term debt as construction projects are completed.
 - Increase to long-term debt resulted as construction projects were completed.
4. Decrease to long-term debt as approved borrowings are fully repaid.
 - Decrease to long-term debt occurred as approved borrowings were fully repaid.

Equipment Purchases and Replacements

The expected and actual results for 2007/08 included:

1. Acquisition of specialized and basic equipment to support critical care, surgical, medical, diagnostic services, and community programs.
 - Approximately \$24.4 million in acquisition of specialized equipment to support critical care, surgical, medical, and diagnostic services.

Other Capital

The expected and actual results for 2007/08 included:

1. Acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system.
 - Approximately \$5.4 million in acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	44,661.3	45,610.0	(948.7)	
Long Term Care	13,353.7	12,891.4	462.3	
Community and Mental Health Services	1,649.4	1,088.7	560.7	1
Total Sub-Appropriation	59,664.4	59,590.1	74.3	

Explanation Number:

1. Primarily due to higher number of projects

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	27,947.7	24,777.5 *	3,170.2	1
Long Term Care	1,349.5	1,349.6	(0.1)	
Total Sub-Appropriation	29,297.2	26,127.1	3,170.1	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. Primarily due to increase in Federal Equipment funding.

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Acute Care	2,932.8	3,951.2	(1,018.4)	1
Long Term Care	1,358.6	1,400.0	(41.4)	
Total Sub-Appropriation	4,291.4	5,351.2	(1,059.8)	

Explanation Number:

1. Primarily due to fewer projects

Costs Related to Capital Assets

Provides for the amortization of capital assets, and for interest expense related to capital investment borrowing.

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2007/08 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
 - Amortization of the cost of assets over the useful life of the asset was done in accordance with pre-established timelines.
2. The payment of interest expense on capital investment borrowing.
 - The interest expenses related to capital investment borrowing was paid in accordance with pre-established timelines.

9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2007/08 \$(000's)	Estimate 2007/08 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Desktop Services	424.4	424.6	(0.2)	
Amortization Expense	2,971.9	2,865.8	106.1	
Interest Expense	997.3	1,418.1	(420.8)	1
Total Sub-Appropriation	4,393.6	4,708.5	(314.9)	

Explanation Number:

1. Primarily due to fewer projects

Capital Investment

The expected and actual results for 2007/08 included:

- To ensure Health's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

The objectives were:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
 - Capital Costs related to Information Technology initiatives were deferred to 2008/09.

2. Provision of technology solutions that address health priorities.
 - Capital Costs related to technology solutions were deferred to 2008/09.
3. Upgraded medical equipment.
 - Manitoba Health and Healthy Living acquired new medical equipment to replace obsolete equipment and improve efficiency for both Selkirk Mental Health Centre and Cadham Provincial Laboratory.

Financial Report Summary Information

Part 1

Manitoba Health and Healthy Living
Reconciliation Statement
April 1, 2007 – March 31, 2008

DETAILS	2007/08 ESTIMATES (\$000s)
2007/08 Main Estimates:	3,882,408.6 ⁽¹⁾
Allocation of Funds from: Enabling Appropriations	37,000.0
2007/08 Estimates:	3,919,408.6

- (1) Although included in the above Estimate, details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Manitoba Health and Healthy Living

Expenditure Summary

for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)		Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)
	21-1	Administration, Finance and Accountability			
62.0	21 1a	Ministers' Salaries	83.8	60.5	23.3
	21-1b	Executive Support			
1,176.0		1 Salaries and Employee Benefits	1,223.6	1,180.0	43.6
233.7		2 Other Expenditures	217.2	195.6	21.6
	21-1c	Finance			
5,306.9		1 Salaries and Employee Benefits	4,991.6	4,948.6	43.0
1,446.1		2 Other Expenditures	1,493.8	1,368.5	125.3
	21-1d	Central Services			
2,203.4		1 Salaries and Employee Benefits	2,018.8	1,970.4	48.4
291.7		2 Other Expenditures	293.5	342.1	(48.6)
131.7		3 External Agencies	66.8	223.5	(156.7)
10,851.5		Total Appropriation 21-1	10,389.1	10,289.2	99.9

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)	Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-2 Corporate and Provincial Program Support				
	21-2a Administration				
203.3	1 Salaries and Employee Benefits	243.8	190.1	53.7	
54.2	2 Other Expenditures	48.3	73.8	(25.5)	
	21-2b Information Systems				
4,040.8	1 Salaries and Employee Benefits	3,921.3	3,903.4	17.9	
1,649.5	2 Other Expenditures	887.7	735.0	152.7	
4,229.4	3 Provincial Program Support Cost	4,122.3	4,181.7	(59.4)	
65.1	4 External Agencies	45.0	32.5	12.5	
	21-2c Provincial Drug Programs				
2,310.3	1 Salaries and Employee Benefits	2,046.7	2,009.4	37.3	
536.7	2 Other Expenditures	567.0	514.8	52.2	
	21-2d Corporate Services				
1,236.8	1 Salaries and Employee Benefits	1,299.4	1,272.8	26.6	
959.1	2 Other Expenditures	667.2	755.5	(88.3)	
595.6	3 External Agencies	595.6	583.9	11.7	
	21-2e Capital Planning				
795.5	1 Salaries and Employee Benefits	686.9	702.8	(15.9)	
208.0	2 Other Expenditures	145.7	179.7	(34.0)	
	21-2f Drug Management Policy Unit				
465.2	1 Salaries and Employee Benefits	407.7	332.4	75.3	
183.0	2 Other Expenditures	202.8	192.0	10.8	
91.8	3 External Agencies	91.8	90.0	1.8	
	21-2g Provincial Blood Programs Coordination Office				
168.0	1 Salaries and Employee Benefits	172.6	168.0	4.6	
46.6	2 Other Expenditures	147.7	135.0	12.7	
	21-2h Manitoba Centre for Health Policy				
1,850.0	1 Other Expenditures	1,850.0	1,850.0	-	
19,688.9	Total Appropriation 21-2	18,149.5	17,902.8	246.7	

Manitoba Health and Healthy Living

Expenditure Summary

for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)	Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-3 Health Workforce				
	21-3a Insured Benefits				
5,897.1	1 Salaries and Employee Benefits	5,600.1	5,768.3	(168.2)	
2,049.9	2 Other Expenditures	2,063.6	1,977.4	86.2	
	21-3b Medical Labour Relations				
1,089.7 *	1 Salaries and Employee Benefits	998.5	852.0	146.5	
1,134.6 *	2 Other Expenditures	824.2	332.4	491.8	
931.3	3 External Agencies	893.8	735.1	158.7	
	21-3c Workforce Policy and Planning				
765.5 *	1 Salaries and Employee Benefits	708.0	723.7	(15.7)	
169.0 *	2 Other Expenditures	164.0	250.3	(86.3)	
12,037.1	Total Appropriation 21-3	11,252.2	10,639.2	613.0	

* includes enabling appropriation for Wait Time Initiatives

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)	Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-4 Regional Affairs				
	21-4a Administration				
285.5	1 Salaries and Employee Benefits	256.4	275.4	(19.0)	
58.6	2 Other Expenditures	54.0	56.5	(2.5)	
	21-4b Emergency Medical Services				
1,075.3	1 Salaries and Employee Benefits	1,078.8	1,022.3	56.5	
5,635.0	2 Other Expenditures	5,194.1	4,576.0	618.1	1
23.1	3 External Agencies	15.1	18.5	(3.4)	
	21-4c Disaster Management				
378.3	1 Salaries and Employee Benefits	384.8	306.8	78.0	
71.2	2 Other Expenditures	100.7	134.3	(33.6)	
	21-4d Urban Regional Support				
2,124.3 *	1 Salaries and Employee Benefits	2,037.2	1,987.5	49.7	
619.0 *	2 Other Expenditures	599.0	430.9	168.1	
305.3	3 External Agencies	302.0	300.2	1.8	
	21-4e Northern and Rural Support				
688.9	1 Salaries and Employee Benefits	602.7	625.3	(22.6)	
211.9	2 Other Expenditures	166.3	195.2	(28.9)	
	21-4f Primary Health Care				
276.3	1 Salaries and Employee Benefits	264.5	202.4	62.1	
62.0	2 Other Expenditures	188.0	84.0	104.0	
165.0	3 External Agencies	165.0	165.0	0.0	
11,979.7	Total Appropriation 21-4	11,408.6	10,380.3	1,028.3	

* includes enabling appropriation for Wait Time Initiatives

Explanation Number:

1. Primarily due to increases in Primary Care Paramedic Education and other miscellaneous expenditures.

Manitoba Health and Healthy Living

Expenditure Summary

for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)	Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-5 Healthy Living and Health Programs				
	21-5a Administration				
782.3	1 Salaries and Employee Benefits	859.6	547.9	311.7	
665.3	2 Other Expenditures	336.7	318.7	18.0	
114.5	3 External Agencies	114.5	90.4	24.1	
	21-5b Mental Health and Addictions				
684.2	1 Salaries and Employee Benefits	561.1	469.5	91.6	
2,878.8 *	2 Other Expenditures	2,983.3	1,734.7	1,248.6	1
5,068.6	3 External Agencies	5,068.6	4,962.7	105.9	
	21-5c Chief Provincial Psychiatrist				
277.6	1 Salaries and Employee Benefits	275.5	361.8	(86.3)	
66.2	2 Other Expenditures	81.8	54.5	27.3	
	21-5d Aboriginal Health				
279.7	1 Salaries and Employee Benefits	213.9	299.2	(85.3)	
181.4	2 Other Expenditures	377.7	244.7	133.0	
	21-5e-1 Provincial Public Health Office				
7,666.9	1 Salaries and Employee Benefits	7,962.4	7,618.9	343.5	
7,788.5	2 Other Expenditures	6,556.1	5,425.3	1,130.8	2
17,852.6	3 Vaccines	13,728.2	14,068.1	(339.9)	
66.7	4 External Agencies	55.2	55.2	-	
	21-5e-2 Cadham Provincial Laboratory Services				
5,847.4	1 Salaries and Employee Benefits	5,981.3	5,714.7	266.6	
4,503.1	2 Other Expenditures	4,959.0	4,958.2	0.8	
	21-5f Selkirk Mental Health Centre				
24,929.6	1 Salaries and Employee Benefits	24,592.7	23,737.8	854.9	
4,428.9	2 Other Expenditures	4,780.1	3,957.3	822.8	3

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)		Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-5g	Healthy Populations				
542.9		1 Salaries and Employee Benefits	542.7	549.1	(6.4)	
1,037.1		2 Other Expenditures	1,332.4	896.7	435.7	4
	21-5h	Northern Nursing Stations				
1,589.3		1 Salaries and Employee Benefits	1,353.1	1,345.3	7.8	
1,514.4		2 Other Expenditures	2,098.7	1,334.9	763.8	5
88,766.0		Total Appropriation 21-5	84,814.6	78,745.6	6,069.0	

* includes enabling appropriation for Methamphetamine Strategy

Explanation Number:

1. Primarily due to increase in the Provincial Crystal Meth Strategy.
2. Primarily due to increase in West Nile Virus expenditures.
3. Due to miscellaneous price and volume increases.
4. Primarily due to increases in Healthy School campaign and Autism and Applied Behaviour Analysis program
5. Primarily due to increase in contract nurses costs.

	21-6	Health Services Insurance Fund				
	21-6a	Funding to Health Authorities				
1,680,922.3 *		Acute Care Services	1,674,645.7	1,537,935.1	136,710.6	1
# 465,159.0		Long Term Care Services	490,497.0	463,459.6	27,037.4	2
# 237,372.8		Home Care Services	251,668.0	232,538.9	19,129.1	2
179,182.7		Community and Mental Health Services	176,343.7	172,089.7	4,254.0	2
43,735.8		Emergency Response and Transport Services	52,500.0	37,333.0	15,167.0	3
(12,263.5)		Third Party Recoveries	(8,527.8)	(7,569.0)	(958.8)	4
(35,012.2)		Reciprocal Recoveries	(37,211.0)	(44,934.6)	7,723.6	5
(2,000.0)		Recoverable from Urban Development Initiative	(2,000.0)	(2,000.0)	0.0	

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)	Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-6b Provincial Health Services				
30,933.0	Out of Province	31,810.6	32,067.4	(256.8)	
51,004.6	Blood Transfusion Services	50,419.5	49,343.0	1,076.5	
2,168.5	Federal Hospitals	2,399.6	1,261.8	1,137.8	6
9,383.4	Prosthetic and Orthotic Devices	9,152.8	8,565.8	587.0	
6,375.5	Healthy Communities Development	5,480.9	6,338.1	(857.2)	7
1,700.0	Nursing Recruitment and Retention Initiatives	1,699.8	1,733.7	(33.9)	
	21-6c Medical				
747,194.3 *	Physician Services	721,552.3	699,442.8	22,109.5	3
16,333.6	Other Professionals	16,683.5	15,794.7	888.8	
20,743.5	Out of Province Physicians	22,580.9	22,283.4	297.5	
13,909.2	Other	15,621.7	11,237.0	4,384.7	3
(5,522.2)	Third Party Recoveries	(4,762.7)	(5,206.0)	443.3	
(10,447.7)	Reciprocal Recoveries	(11,997.4)	(11,231.7)	(765.7)	
	21-6d Pharmacare				
224,532.2	Other Expenditures	224,923.7	213,740.6	11,183.1	3
3,665,404.8	Total Appropriation 21-6	3,683,480.8	3,434,223.3	249,257.5	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. Primarily due to increases in base line funding to the RHAs, Provincial Oncology Drug program and Manitoba Nurses Union salaries.
2. Primarily due to increases in base line funding to the RHAs.
3. Primarily due to price and volume increases.
4. Primarily due to price increases.
5. Primarily due to volume decreases.
6. Primarily due to volume increases.
7. Primarily due to decrease in mix of projects.

Manitoba Health and Healthy Living

Expenditure Summary

for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)	Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
21-7	Addictions Foundation of Manitoba ⁽³⁾				
16,502.8	Program Delivery	17,559.8	15,339.0	2,220.8	1
1,918.6	Problem Gambling Services	1,918.6	1,918.6	0.0	
(1,599.1)	Third Party Recoveries	(1,599.1)	(1,599.1)	0.0	
(1,918.6)	Recoveries from Manitoba Lotteries Corporation	(1,918.6)	(1,918.6)	0.0	
14,903.7	Total Appropriation 21-7	15,960.7	13,739.9	2,220.8	

Explanation Number:

1. Primarily due to increases in base line funding.

21-8	Capital Funding				
21-8a	Principal Repayments				
45,610.0	1 Acute Care	44,661.3	38,602.6	6,058.7	1
12,891.4	2 Long Term Care	13,353.7	11,141.6	2,212.1	1
1,088.7	3 Community and Mental Health Services	1,649.4	1,476.8	172.6	
21-8b	Equipment Purchases and Replacements				
24,777.5 *	1 Acute Care	27,947.7	35,822.5	(7,874.8)	2
1,349.6	2 Long Term Care	1,349.5	1,122.6	226.9	3
21-8c	Other Capital				
3,951.2	1 Acute Care	2,932.8	3,259.3	(326.5)	
1,400.0	2 Long Term Care	1,358.6	2,447.6	(1,089.0)	4
91,068.4	Total Appropriation 21-8	93,253.0	93,873.0	(620.0)	

Explanation Number:

1. Primarily due to increases in debt servicing for new projects.
2. Primarily due to decrease in Cyber Knife expenditure.
3. Primarily due to increase in basic equipment funding.
4. Due to decrease in capital projects.

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Manitoba Health and Healthy Living Expenditure Summary

for fiscal year ended March 31, 2008

Estimate 2007/08 \$(000s)		Appropriation	Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-9	Costs Related to Capital Assets				
424.6	21-9a	Desktop Services	424.4	424.4	0.0	
2,865.8	21-9b	Amortization Expense	2,959.9	2,737.8	222.1	
1,418.1	21-9c	Interest Expense	1,009.3	1,031.4	(22.1)	
4,708.5		Total Appropriation 21-9	4,393.6	4,193.6	200.0	
3,919,408.6		Total Appropriation 21	3,932,214.3	3,673,986.9	258,227.4	

Footnotes:

- (1) Actuals for 2007/08 are based on year-end expenditure analysis report dated July 25, 2008.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2008
- (3) Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

**Manitoba Health and Healthy Living
Revenue Summary by Source**
for fiscal year ended March 31, 2008

Actual ⁽¹⁾ 2007/08 \$(000s)	Actual ⁽²⁾ 2006/07 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.	Source	Actual ⁽¹⁾ 2007/08 \$(000s)	Estimate 2007/08 \$(000s)	Variance \$(000s)	Expl. No.
1. Government of Canada:								
160.4	-	160.4	1	a) Aboriginal Health Transition Fund	160.4	-	160.4	
576.0	-	576.0	1	b) Bridging General and Specialist Care	576.0	-	576.0	
10,763.9	-	10,763.9	2	c) Cervical Cancer Vaccine Immunization	10,763.9	10,800.0	(36.1)	
6,380.8	14,908.0	(8,527.2)	3	d) Diagnostic Medical Equipment Fund	6,380.8	8,540.0	(2,159.2)	
(7.0)	(10.0)	3.0	4	e) Health Reform Fund	(7.0)	-	(7.0)	
567.2	-	567.2	3	f) Medical Equipment Fund	567.2	-	567.2	
27,939.8	-	27,939.8	2	g) Patient Wait Times Guarantee	27,939.8	28,000.0	(60.2)	
-	1,797.6	(1,797.6)	5	h) Primary Health Care Transition Fund	-	-	-	
46,381.1	16,695.6	29,685.5		Sub-Total Health Funds	46,381.1	47,340.0	(958.9)	
4,368.3	4,368.3	-		i) Labour Market Agreements for People with Disabilities	4,368.3	4,368.3	-	
721.1	498.1	223.0		j) Alcohol and Drug Treatment and Rehabilitation	721.1	842.1	(121.0)	
5,089.4	4,866.4	223.0		Sub-Total Other Agreements	5,089.4	5,210.4	(121.0)	
2. Other Revenue:								
6,149.4	5,386.7	762.7	6	a) Sundry	6,149.4	4,652.2	1,497.2	
57,619.9	26,948.7	30,671.2		Total Revenue	57,619.9	57,202.6	417.3	

Explanation Number:

1. New funding in 2007/08
2. One-time funding in 2007/08
3. Completion of the program in 2007/08
4. Funding transferred over to Central Finance in 2005/06
5. Funding ended in 2006/07
6. Primarily due to volume increase in revenue for Lifeflight Air Ambulance and Cadham Lab in 2007/08

Footnotes:

- (1) Actuals for 2007/08 are based on year-end expenditure analysis report dated July 8, 2008.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2007/8

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Manitoba Health and Healthy Living

Five Year Expenditure and Staffing Summary by Appropriation

for years ending March 31, 2004 to March 31, 2008

Appropriation	2003/04 ⁽²⁾		2004/05 ⁽²⁾		2005/06 ⁽²⁾		2006/07 ⁽²⁾		2007/08 ⁽¹⁾	
	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)
21-1 Administration, Finance and Accountability	140.73	9,696.0	137.73	9,566.5	136.73	9,857.5	136.73	10,289.2	136.73	10,389.1
21-2 Corporate and Provincial Program Support	156.90	17,523.1	145.90	17,335.0	145.90	17,238.4	147.90	17,902.8	148.90	18,149.5
21-3 Health Workforce	147.29	9,658.4	145.29	9,919.1	144.29	10,381.2	147.29	10,639.2	147.29	11,252.2
21-4 Regional Affairs	67.12	9,262.2	60.12	9,706.3	60.12	10,189.8	68.12	10,380.3	69.12	11,408.6
21-5 Healthy Living and Health Programs	644.56	62,419.0	643.06	69,838.6	638.06	76,625.7	639.06	78,745.6	645.06	84,814.6
21-6 Health Services Insurance Fund		2,840,722.7		3,031,490.0		3,222,207.6		3,434,223.3		3,683,480.8
21-7 Addictions Foundation of Manitoba ⁽³⁾		12,834.7		12,890.0		13,176.0		13,739.9		15,960.7
21-8 Capital Funding		95,635.2		73,889.0		80,305.4		93,873.0		93,253.0
21-9 Costs Related to Capital Assets		2,659.7		3,321.8		3,629.9		4,193.6		4,393.6
Total Departmental Expenditures	1,156.60	3,060,411.0	1,132.10	3,237,956.3	1,125.10	3,443,611.5	1,139.10	3,673,986.9	1,147.10	3,933,102.1

Footnotes:

(1) Actuals for 2007/08 are based on year-end expenditure analysis report dated July 25, 2008.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2007.

(3) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Manitoba Health Services Insurance Plan Five-Year Expenditure Summary

for years ending March 31, 2004 - March 31, 2008 ⁽¹⁾

Program	2003/04 \$(000s)	2004/05 \$(000s)	2005/06 \$(000s)	2006/07 \$(000s)	2007/08 \$(000s)
Facilities and Health Authorities	2,073,098.1	2,188,083.8	2,312,936.2	2,482,725.7	2,691,168.6
Medical ⁽²⁾	588,077.4	630,937.4	683,970.0	732,320.2	759,678.3
Provincial Programs ⁽³⁾	89,990.4	91,470.9	97,562.6	99,309.8	100,963.2
Pharmacare	184,804.5	194,409.8	206,624.7	213,740.6	224,923.7
Total	2,935,970.4	3,104,901.9	3,301,093.5	3,528,096.3	3,776,733.8

Footnotes:

- (1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2008.
- (2) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.
- (3) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

**Regional Health Authorities and Other Facilities
Net Manitoba Health Payments**

Assiniboine Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	52,004,277	54,674,764
Long Term Care Services – Operating	34,879,800	36,818,712
Emergency Response & Transportation Services	2,837,895	3,701,027
Medical	12,782,187	13,160,907
Home Care	12,207,192	12,517,992
Community and Mental Health	6,080,784	7,831,416
Acute Care Services – Capital	2,402,450	1,310,780
Long Term Care Services – Capital	652,944	666,011
Community – Capital	-	-
Total Assiniboine Regional Health Authority	\$123,847,529	\$130,681,609

Brandon Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	99,766,185	106,860,242
Long Term Care Services – Operating	18,038,016	18,318,336
Emergency Response & Transportation Services	592,509	5,018,721
Medical	7,620,058	8,796,071
Home Care	6,128,976	6,776,376
Community and Mental Health	15,059,688	15,380,304
Acute Care Services – Capital	3,190,435	1,778,342
Long Term Care Services – Capital	813,201	751,379
Community – Capital	-	-
Total Brandon Regional Health Authority	\$151,209,068	\$163,679,771

Burntwood Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	29,023,084	34,755,198
Long Term Care Services – Operating	567,288	4,043,304
Emergency Response & Transportation Services	3,935,736	4,344,350
Medical	13,231,529	13,834,006
Home Care	1,391,616	1,403,832
Community and Mental Health	6,878,256	7,103,760
Acute Care Services – Capital	642,229	807,005
Long Term Care Services – Capital	231,476	56,520
Community – Capital	97,632	-
Total Burntwood Regional Health Authority	\$55,998,846	\$66,347,975

**Regional Health Authorities and Other Facilities
Net Manitoba Health Payments**

CancerCare Manitoba	2006/07	2007/08
Acute Care Services – Operating	69,497,693	74,011,022
Long Term Care Services – Operating	-	-
Emergency Response & Transportation Services	-	-
Medical	7,834,210	12,014,424
Home Care	-	-
Community and Mental Health	-	-
Acute Care Services – Capital	1,846,605	636,745
Long Term Care Services – Capital	-	-
Community – Capital	-	-
Total Central Regional Health Authority	\$79,178,508	\$86,662,191

Central Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	64,602,282	67,710,517
Long Term Care Services – Operating	32,979,000	37,133,808
Emergency Response & Transportation Services	3,713,982	4,115,863
Medical	11,080,722	13,204,393
Home Care	16,890,504	17,822,760
Community and Mental Health	13,099,008	11,743,896
Acute Care Services – Capital	1,413,105	4,194,317
Long Term Care Services – Capital	591,458	637,516
Community – Capital	-	33,312
Total Central Regional Health Authority	\$144,370,061	\$156,596,382

Churchill Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	7,779,053	7,911,525
Long Term Care Services – Operating	-	-
Emergency Response & Transportation Services	1,194,960	1,250,767
Medical	-	-
Home Care	114,528	115,656
Community and Mental Health	857,712	943,920
Acute Care Services – Capital	514,854	301,981
Long Term Care Services – Capital	-	-
Community – Capital	-	-
Total Churchill Regional Health Authority	\$10,461,107	\$10,523,849

**Regional Health Authorities and Other Facilities
Net Manitoba Health Payments**

Interlake Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	34,601,184	36,361,413
Long Term Care Services – Operating	16,236,072	16,995,408
Emergency Response & Transportation Services	2,856,737	4,256,646
Medical	6,194,304	7,255,421
Home Care	11,477,328	12,491,784
Community and Mental Health	9,038,304	9,868,100
Acute Care Services – Capital	1,014,176	645,999
Long Term Care Services – Capital	319,584	343,309
Community – Capital	24,096	-
Total Interlake Regional Health Authority	\$81,761,785	\$88,218,080

NOR-MAN Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	28,938,890	32,799,671
Long Term Care Services – Operating	6,410,976	6,576,840
Emergency Response & Transportation Services	4,637,280	5,314,029
Medical	7,045,542	9,769,864
Home Care	3,299,472	3,459,576
Community and Mental Health	6,876,240	6,146,112
Acute Care Services – Capital	1,194,002	1,021,473
Long Term Care Services – Capital	316,465	375,907
Community – Capital	-	-
Total Norman Regional Health Authority	\$58,718,867	\$65,463,472

North Eastman Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	15,513,515	17,077,156
Long Term Care Services – Operating	10,512,936	11,360,040
Emergency Response & Transportation Services	1,251,558	1,749,987
Medical	3,447,143	2,995,112
Home Care	5,540,472	5,793,792
Community and Mental Health	3,312,024	3,914,480
Acute Care Services – Capital	856,557	455,691
Long Term Care Services – Capital	218,843	129,288
Community – Capital	-	-
Total North Eastman Regional Health Authority	\$40,653,048	\$43,475,546

**Regional Health Authorities and Other Facilities
Net Manitoba Health Payments**

Parkland Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	45,519,658	47,109,913
Long Term Care Services – Operating	24,018,408	25,934,376
Emergency Response & Transportation Services	1,534,538	3,255,147
Medical	3,806,972	4,879,041
Home Care	9,156,912	12,241,488
Community and Mental Health	11,008,392	8,444,616
Acute Care Services – Capital	1,041,984	1,363,975
Long Term Care Services – Capital	131,280	272,600
Community – Capital	-	-
Total Parkland Regional Health Authority	\$96,218,144	\$103,501,156

South Eastman Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	23,177,983	24,732,952
Long Term Care Services – Operating	13,738,656	15,064,104
Emergency Response & Transportation Services	1,185,000	1,531,755
Medical	3,990,623	5,719,549
Home Care	10,781,016	12,000,816
Community and Mental Health	5,210,856	5,749,016
Acute Care Services – Capital	999,909	1,337,567
Long Term Care Services – Capital	418,080	511,385
Community – Capital	159,192	106,128
Total South Eastman Regional Health Authority	\$59,661,315	\$66,753,272

Winnipeg Regional Health Authority	2006/07	2007/08
Acute Care Services – Operating	1,103,928,914	1,066,952,917
Long Term Care Services – Operating	185,378,712	309,624,024
Emergency Response & Transportation Services	6,849,984	6,849,984
Medical	122,543,646	138,697,406
Home Care	155,581,176	166,659,576
Community and Mental Health	94,335,888	99,040,224
Acute Care Services – Capital	28,508,543	20,416,199
Long Term Care Services – Capital	4,736,349	3,853,904
Community – Capital	85,552	140,184
Total Winnipeg Regional Health Authority	\$1,701,948,764	\$1,812,234,418

**Regional Health Authorities and Other Facilities
Net Manitoba Health Payments**

Other	2006/07	2007/08
Amdocs Inc	852,180	1,068,877
Canadian Blood Agency	48,834,777	48,594,355
Centre de Sante St. Boniface	883,908	-
Community Therapy Services Inc.	84,336	81,481
Department of Clinical Health Psychology U of MB	319,632	319,632
Manitoba Locum Tenens Program	703,872	898,388
Norway House Dialysis Unit	-	111,560
Out-of-Province	32,067,408	31,810,650
Pina'ow Wachi	224,329	219,666
University Medical Group	2,772,124	2,447,604
University of Manitoba-Island Lake	1,355,609	1,171,241
University of Manitoba-Northern Medical Unit	6,374,657	6,588,011
Total Other	\$94,472,832	\$93,311,465

Federal Hospitals/Nursing Stations	2006/07	2007/08
Hodgson-Percy E. Moore, Hospital	650,135	1,054,186
Norway House, Hospital	596,594	853,650
Berens River, N.S.	9,801	7,139
Bloodvein, N.S.	4,477	5,929
Brochef, N.S.	4,216	3,224
Cross Lake, N.S.	92,928	90,470
Garden Hill, N.S.	34,727	33,396
God's Lake, N.S.	20,449	28,919
God's River, N.S.	6,200	2,604
Lac Brochet, N.S.	8,556	6,448
Little Grand Rapids, N.S.	9,920	6,820
Nelson House, N.S.	41,292	53,196
Oxford House, N.S.	15,367	16,698
Paugingassi, N.S.	2,480	1,984
Poplar River, N.S.	8,308	7,812
Pukatawagan, N.S.	20,584	18,228
Red Sucker Lake, N.S.	8,804	10,168
Shamattawa, N.S.	13,516	25,544
South Indian Lake, N.S.	8,184	9,176
Split Lake, N.S.	37,324	29,884
Ste. Theresa, N.S.	28,072	45,133
Tadoule Lake, N.S.	2,728	1,984
Wassagamack, N.S.	9,559	10,164
York Factory, N.S.	5,828	6,324
Total Federal Hospitals/Nursing Stations	\$1,640,049	\$2,329,080
All Facilities and Regional Health Authorities	\$2,700,139,923	\$2,889,778,266

Financial Report Summary Information

Part 2

Manitoba Health Services Insurance Plan

Summary of Estimates

April 1, 2007 – March 31, 2008

DETAILS	2007/08 ESTIMATES (\$000s)
2007/08 Main Estimates:	
Funding to Health Authorities	2,557,096.9
Provincial Health Services	101,565.0
Medical	782,210.7
Pharmacare	224,532.2
Capital Grants	91,068.4
2007/08 Estimates:	3,756,473.2

For the year ended March 31, 2008, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totalled \$3,756,473.2 for planned expenses. During the year, Supplementary Funding of \$39,630.6 was approved, bringing the total to \$3,796,103.8.

AUDITORS' REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the statement of financial position of the Manitoba Health Services Insurance Plan as at March 31, 2008, and the statement of operations and net assets for the year then ended. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2008, and the revenue and expenses and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 13, 2008

MANAGEMENT REPORT

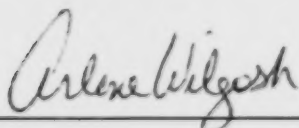
Management of Manitoba Health and Healthy Living is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2008 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

Manitoba Health and Healthy Living maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

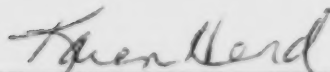
The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,



Arlene Wilgosh
Deputy Minister of Health and
Healthy Living



Karen Herd, CA
Chief Financial Officer and
Assistant Deputy Minister

Winnipeg, Manitoba
July 31, 2008

**Manitoba Health Services Insurance Plan
Statement of Financial Position**

As At March 31, 2008

(in thousands of dollars)

	<u>2008</u>	<u>2007</u>
Assets		
Current		
Cash	\$ 35,885	\$ 21,383
Funds on deposit with the Province of Manitoba	191,813	4,176
Accounts receivable (Note 3)	52,706	180,263
Due from the Province of Manitoba - vacation pay (Note 4)	122,490	122,439
	<u>402,894</u>	<u>328,261</u>
Due from the Province of Manitoba - post employment benefits (Note 4)	127,350	127,574
	<u>\$ 530,244</u>	<u>\$ 455,835</u>
 Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities (Note 5)	279,604	205,022
Accrued vacation pay (Note 4)	122,490	122,439
	<u>402,094</u>	<u>327,461</u>
Post employment benefits payable (Note 4)	127,350	127,574
 Net Assets	 800	 800
	<u>\$ 530,244</u>	<u>\$ 455,835</u>

Manitoba Health Services Insurance Plan
Statement of Operations and Net Assets
For the Year Ended March 31, 2008
(in thousands of dollars)

	<u>2008</u>	<u>2007</u>
Revenue		
Grants from the Province of Manitoba (Note 9)	\$ 3,661,873	\$ 3,429,413
Third party recoveries	13,238	12,775
Miscellaneous	53	40
	3,675,164	3,442,228
Expenses		
Health Authorities and Facilities (Note 6, 7)	2,584,836	2,394,075
Medical (Notes 6, 7, 11)	764,441	735,102
Provincial programs	100,963	99,310
Pharmacare	224,924	213,741
	3,675,164	3,442,228
Excess of revenue over expenses and comprehensive income	-	-
Net Assets, beginning of year	800	800
Net Assets, end of year	\$ 800	\$ 800

Manitoba Health Services Insurance Plan Notes to the Financial Statements

For the Year ending March 31, 2008

Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of the *Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

Note 2 - Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (GAAP).

b. New Accounting Policies

Effective April 1, 2007 the Plan adopted the following new accounting standards issued by the Canadian Institute of Chartered Accountants (CICA):

Section 1506, Accounting Changes

Section 1506 requires that voluntary changes in accounting policies are made only if they result in the financial statements providing reliable and more relevant information. Additional disclosure is required when the Plan has not yet applied a new primary source of Canadian GAAP that has been issued but is not yet effective, as well as when changes in accounting estimates and errors occur. The adoption of this revised standard had no material impact on the Plan's financial statements for the year ended March 31, 2008.

Section 1530, Comprehensive Income

Section 1530 requires the presentation of a statement of comprehensive income and provides guidance for the reporting and display of other comprehensive income. Comprehensive income represents the change in equity of an enterprise during a period from transactions and other events arising from non-owner sources including gains and losses arising on translation of self-sustaining foreign operations, gains and losses from changes in fair value of available for sale financial assets and changes in fair value of the effective portion of cash flow hedging instruments. The Plan has not recognized any adjustments through other comprehensive income for the year ended March 31, 2008. As the Plan has no items related to other comprehensive income, comprehensive income is equivalent to net income.

Section 3855, Financial Instruments – Recognition and Measurement

Section 3855 prescribes the criteria for recognition and presentation of financial instruments on the statement of financial position and the measurement of financial instruments according to prescribed classifications. Under this section, financial assets and liabilities are initially recognized at fair value. This section also addresses how financial instruments are measured subsequent to initial recognition and how the gains and losses are recognized.

The Plan is required to designate its financial instruments into one of the following five categories: held for trading; available for sale; held to maturity; loans and receivables; and other financial liabilities. All financial instruments classified as held for trading or available for sale are subsequently measured at fair value with any change in fair value recorded in net

earnings and other comprehensive income, respectively. All other financial instruments are subsequently measured at amortized cost.

The Plan has designated its financial instruments as follows:

Cash and funds on deposit are classified as financial assets held for trading and are measured at fair value with gains and losses recognized in net earnings.

Accounts receivable, and the amounts due from the Province of Manitoba are classified as loans and receivables. These financial assets are recorded at their amortized cost using the effective interest rate method.

Accounts payable and accrued liabilities, and accrued vacation pay are classified as other financial liabilities. These financial liabilities are recorded at their amortized cost using the effective interest rate method.

The adoption of this revised standard had no material impact on the Plan's financial statements for the year ended March 31, 2008.

c. Financial Instruments

The Plan's financial instruments consist of cash, funds on deposit, accounts receivable, due from the Province of Manitoba – vacation pay and post employment benefits, accounts payable and accrued liabilities, and accrued vacation pay.

The fair value of cash, fund on deposit, accounts receivable, due from the Province of Manitoba – vacation pay, accounts payable and accrued liabilities, and accrued vacation pay approximates their carrying values due to their short-term maturity.

The carrying value of the due from the Province of Manitoba – post employment receivable approximates its fair value, as the annual interest accretion is funded.

Unless otherwise noted, it is management's opinion that Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments.

d. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

e. Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

f. Statement of Cash Flows

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

g. Future Accounting Policy Changes

The CICA has issued two new standards, CICA 3862: Financial Instruments – Disclosures and CICA 3863: Financial Instruments – Presentation, which enhance the abilities of users of financial statements to evaluate the significance of financial instruments to an entity, related exposures and the management of these risks.

Annual Report 2007 – 2008

The CICA has also issued a new standard, CICA 1535: Capital Disclosures, which requires the disclosure of qualitative and quantitative information that enables users of financial statements to evaluate the entity's objectives, policies and processes for managing capital.

These changes in accounting policies, which will be adopted effective April 1, 2008, will only require additional disclosures in the financial statements.

Note 3 - Accounts Receivable

	2008	2007
Province of Manitoba	\$16,029	\$151,793
Other Provinces and Territories	23,006	20,233
Other	13,671	8,237
	\$52,706	\$180,263

Note 4 - Employee Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.

Note 5 - Accounts Payable and Accrued Liabilities

	2008	2007
Health Authorities and Facilities	\$123,615	\$81,051
Medical Service Claims	87,172	87,987
Pharmacare Claims	15,505	12,400
Province of Manitoba	17,742	-
General	35,570	23,584
	\$279,604	\$205,022

Note 6 - Inter-provincial Reciprocal Recoveries

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenses.

For the year ended March 31, 2008 the expenses for Health Authorities and Facilities within the Province, of \$2,584,836 (2007-\$2,394,075) are net of reciprocal recoveries of \$37,211 (2007-\$44,937). The expenses for Medical program of \$764,441 (2007- 735,102) are net of reciprocal recoveries of \$11,997 (2007-\$11,232).

Note 7 - Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

Regional Health Authority	2008			2007
	Facilities	Medical	Total	Total
Winnipeg	\$1,652,055	\$138,697	\$1,790,752	\$1,680,887
Brandon	152,937	8,796	161,733	148,970
North Eastman	40,003	2,995	42,998	40,327
South Eastman	59,690	5,720	65,410	58,181
Interlake	80,346	7,255	87,601	80,642
Central	142,318	13,204	155,522	143,150
Assiniboine	116,851	13,161	130,012	122,470
Parkland	95,354	4,879	100,233	93,191
Norman	54,462	9,770	64,232	57,463
Burntwood	51,907	13,834	65,741	55,184
Churchill	10,258	-	10,258	10,125
CancerCare	74,384	12,014	86,398	78,501
Total Payments	\$2,530,565	\$230,325	\$2,760,890	\$2,569,091

The expense category, Health Authorities and Facilities, in the Statement of Operations and Net Assets is comprised of the following:

	2008	2007
Health Authorities payments	\$2,530,565	\$2,369,513
Accruals and payments to facilities and third parties	91,482	69,499
Reciprocal recoveries	(37,211)	(44,937)
Total Expenses	\$2,584,836	\$2,394,075

The expense category, Medical, in the Statement of Operations and Net assets is comprised of the following:

	2008	2007
Fee for Services Medical payments and accruals	\$518,540	\$520,714
Health Authorities payments	230,325	199,578
Optometric	5,990	5,544
Chiropractic	9,586	9,266
Total Expenses	\$764,441	\$735,102

Annual Report 2007 – 2008

Note 8 - Contingencies

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2008, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

Note 9 - Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

Note 10 - Related Party Transactions

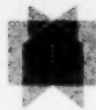
In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

Note 11 - The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act* is included as part of the Annual Report of Manitoba Health.

Note 12 - Comparative Figures

Certain of the prior year's figures have been reclassified to conform to the current year's presentation.



OFFICE OF THE
AUDITOR GENERAL
MANITOBA

AUDITORS' REPORT
Schedule of Public Sector Compensation Disclosure

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2008, prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2008, in accordance with the provisions of The Public Sector Compensation Disclosure Act.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 13, 2008

**Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act**

Schedule of Payments for Fiscal Year Ended March 31, 2008

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives \$50,000 or more in the fiscal year for providing services to insured persons under *The Health Services Insurance Act*, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- These data provide only a record of gross payments made by Manitoba Health and Healthy Living to the practitioner.
- A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.
- As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.

NAME:	\$	NAME:	\$	NAME:	\$
Abbu G P	\$60,261	Alevizos I	\$77,019	Anyadike I O	\$304,474
Abdel Fattah M S	\$275,302	Ali M B	\$415,508	Aoki F Y	\$94,648
Abdulrehman A S	\$313,558	Allan D R ³	\$528,890	Aragola S	\$243,644
Abell W R	\$93,325	Allan R R	\$401,568	Araneda M C	\$93,058
Aboobaker S	\$309,673	Alnhisi K	\$220,431	Armas Enriquez A T	\$136,854
Abu Dieh A	\$99,211	Alshangiti F	\$88,607	Armstrong B	\$385,199
Abu Shahma M	\$388,698	Altman G N	\$261,302	Armstrong S ³	\$777,552
Adam C J E	\$130,778	Alto L E	\$588,766	Arneja A S	\$348,430
Adam-Sdrolias H L	\$52,502	Alvi C W	\$126,342	Arneja J	\$384,548
Adams D W	\$69,996	Amadeo R J J	\$336,260	Arnott P C	\$411,834
Adduri V R	\$425,756	Amede K H	\$311,860	Arora R C	\$131,464
Adrewi H	\$269,418	Amin B	\$87,071	Ashcroft R P	\$153,116
Agha Khani Y	\$107,046	Amin S M	\$212,110	Ashique A	\$94,432
Ah-Sue S	\$72,561	Anastasiades L	\$167,725	Ashton M	\$64,903
Ahluwalia R S	\$409,691	Anderson A	\$111,761	Asskar R	\$481,509
Ahmad S N	\$203,199	Anderson B	\$157,223	Assuras G N	\$365,129
Ahmad S R	\$61,233	Anderson B R	\$350,295	Atkinson R	\$208,888
Ahmed N	\$99,607	Anderson D M	\$173,155	Atwal J	\$242,281
Ahmed S	\$97,448	Anderson K A	\$97,473	Awadalla A	\$593,396
Ahweng A	\$194,794	Anderson M	\$91,711	Azer N	\$190,793
Ainley A	\$83,374	Anderson S D	\$51,048	Babick T R	\$522,642
Akena C	\$471,695	Andrew C	\$502,159	Badenhorst F	\$303,054
Akra M A	\$97,136	Anhalt Hicks C D	\$609,385	Badenhorst L	\$233,106
Alazragh W A	\$324,315	Anozie C B	\$318,865	Baidwan S K	\$123,144
Albak R E	\$260,881	Antonenko N E	\$169,103	Baillie C	\$346,152
Aldor T A M	\$71,649	Antonissen L A S	\$377,885	Baker C	\$344,672

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Balachandra B	\$178,101	Beshay N M S	\$307,591	Boyd A J	\$298,458
Balageorge D	\$418,377	Best R L	\$204,476	Boyd K L	\$134,246
Balcha B	\$56,468	Beveridge T F	\$50,403	Bracken J	\$196,325
Balko G	\$254,142	Bhanot P	\$202,931	Bracken J H	\$340,296
Bali F	\$158,612	Bhayana R	\$228,813	Bradley B D	\$264,239
Ballen J L	\$201,479	Bhayana R K	\$269,098	Bradshaw C D	\$231,392
Bani A	\$50,958	Bhayana V	\$91,583	Brandes L J	\$165,263
Banmann D S	\$249,450	Biala B	\$326,735	Braun E	\$175,455
Barac I	\$108,190	Billinkoff E N	\$279,087	Braun J	\$230,062
Barber D C	\$84,879	Bilos R J	\$199,726	Braun K Y	\$129,356
Barber L	\$332,386	Birk P	\$78,558	Breckman D K	\$324,566
Barc J	\$194,615	Birt D	\$431,160	Breckman G L	\$160,510
Bard R J	\$282,046	Bishay F S	\$188,794	Brennan G D	\$69,400
Baria K	\$306,330	Bissonnette A	\$339,145	Bretecher G	\$379,080
Barker J L	\$197,598	Black D R	\$326,813	Breytenbach H A	\$215,754
Barker M F	\$422,269	Black G B	\$151,119	Broda R J	\$197,491
Barnes E B	\$247,743	Blakley B W	\$158,560	Brodovsky D M	\$76,740
Barnes W R	\$66,776	Blank A	\$101,380	Brodovsky S C	\$506,416
Baron C M	\$282,907	Blouw R H	\$268,810	Brooker G	\$270,501
Baron K	\$344,939	Blydt-Hansen T D	\$85,643	Brown H J	\$57,017
Barron L W	\$267,845	Blyth S	\$265,327	Brown R	\$284,974
Bartlett L C	\$182,918	Bock G	\$338,403	Brownell L	\$184,919
Basson H J	\$277,567	Boguski G	\$72,322	Bruce K	\$63,238
Battad A B	\$84,433	Bohemier Joel	\$150,968	Bruneau M R	\$247,096
Bay T	\$238,088	Bohm C J	\$296,300	Brunt M	\$104,254
Baydock B	\$93,686	Bohm E R	\$339,267	Bshouty Z	\$141,217
Beauchamp D N	\$206,262	Bolton D R	\$311,839	Buchel E W	\$1,030,515
Beaudette R M	\$126,103	Bolton J M S	\$179,800	Buchik G M	\$137,815
Becker A	\$173,257	Book B H	\$66,507	Bueddefeld H D	\$287,948
Beckstead J E	\$145,637	Bookatz B J	\$277,287	Buenafe J	\$386,691
Bedder P	\$278,906	Booth F	\$83,578	Bueti G ³	\$420,322
Bedi B	\$220,712	Booy H	\$282,906	Buksak L A	\$106,615
Beeston C	\$106,423	Borley J	\$91,261	Bullen S A	\$109,163
Beldavs R A	\$1,142,750	Boroditsky A	\$66,979	Bullock Pries K R	\$101,252
Belgasem M	\$54,703	Boroditsky M L	\$448,573	Buors T L	\$104,815
Bellan L	\$484,616	Boroditsky R S	\$188,684	Burke M E	\$177,203
Bellas J	\$158,538	Borrett G F	\$261,523	Burnell C D C	\$488,884
Benning H S	\$666,346	Boryst A E	\$202,011	Burnet N	\$256,997
Benoit A	\$242,545	Bosma M A	\$81,301	Burnett C J	\$143,698
Benshaban L	\$175,504	Botha A	\$141,626	Burnett M	\$300,898
Bereznay O	\$288,388	Botha D	\$327,334	Burnett MAIRI	\$209,384
Bergen J	\$199,568	Botha D J	\$59,761	Burtch D	\$70,162
Bergman E	\$139,730	Boult I F ²	\$3,627,035	Burym C J	\$130,460
Bergner H	\$147,446	Bourdon N	\$55,543	Butler J B	\$126,842
Bermack B A	\$463,546	Bourque C N	\$352,124	Butler N	\$352,463
Bernier M	\$609,301	Boustcha E	\$170,073	Calderon-Grande H E	\$183,067
Berstein C N	\$343,490	Bovell F M	\$223,511	Calhoun L L	\$155,410
Berstein K ³	\$434,661	Bow E	\$71,910	Cameron A I	\$171,835
Bertsch A	\$81,424	Bowman M N	\$106,640	Cameron M R	\$371,758

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Campbell B	\$147,040	Cleghorn S	\$719,479	Dashefsky S M	\$395,371
Campbell G	\$296,672	Coates K R	\$350,530	Davey M	\$296,856
Canadas L A	\$203,461	Cochrane D	\$63,372	Davey R J	\$286,120
Caners D	\$514,318	Cohen B A	\$240,342	David M F	\$368,334
Caners T	\$74,589	Cohen M A	\$99,933	Davidson J M	\$902,870
Cannon J E	\$249,501	Collison L M	\$237,142	Davis M H	\$391,306
Cantor M J	\$282,344	Collison S	\$97,639	Davis M O	\$300,247
Caplan A H	\$286,450	Collister C W	\$426,976	Davloor R	\$313,736
Caplan D C	\$185,127	Connelly P	\$56,143	Day M	\$76,921
Cappellani R B	\$296,910	Connor D	\$632,719	De Klerk T	\$177,791
Carpenter N	\$344,187	Connor D H	\$96,792	De Korompay V	\$380,636
Carson J B	\$283,284	Connor G T	\$61,269	De Moissac P C	\$263,695
Cartagena R A	\$393,595	Consunji-Aranet R	\$126,282	De Muelenaere P	\$897,466
Carter R	\$62,381	Coodin M G	\$153,744	De Rocquigny A J	\$523,714
Casey A R	\$198,184	Cooke A L	\$86,221	De Wet J	\$266,581
Caswell B	\$76,197	Corbett C	\$507,616	De Wit C F	\$304,250
Cavallo D	\$250,149	Corbett R P	\$68,835	De Wit S L	\$486,001
Cavers K J	\$236,735	Cordova J L	\$213,425	Dean E C	\$60,793
Chan E L	\$273,096	Corne S I	\$401,611	Dean H	\$54,047
Chan J J	\$331,067	Coueslan G W ²	\$945,946	Debnath P K	\$94,721
Chan L H	\$243,950	Cowan D J	\$455,626	Debrouwere R G	\$371,530
Chan T	\$249,310	Cowden E	\$191,324	Decter D	\$458,227
Chapman S D	\$359,357	Coyle S J	\$162,180	Delaive M	\$265,158
Chapnick C	\$199,613	Craig D	\$95,584	Demas H	\$237,664
Charbonneau E J F	\$52,636	Cram D H	\$557,950	Deonarine L	\$480,570
Chatel N L	\$214,510	Craton N	\$85,659	Deong P J	\$298,181
Chenier D	\$68,584	Crawford D	\$238,044	Derendorf B K	\$86,646
Chenier P	\$64,156	Cristante L	\$742,810	Desmarais G P	\$126,504
Cherian R	\$70,559	Cross H G	\$85,794	Desmond G H	\$321,215
Cheung L K	\$115,698	Cross R	\$254,275	Deutscher R	\$290,360
Chimilal J D	\$69,348	Crust L J	\$52,807	Dhalla S S	\$1,076,063
Chin D	\$940,582	Cumming G	\$97,228	Dhanjal P	\$182,585
Chiu O W	\$60,651	Cummings M L	\$256,244	Dharamsi N	\$71,263
Cho P A	\$360,597	Curran J B	\$69,664	Diamond H D	\$329,496
Chochinov P H	\$270,821	Czaplinski J E	\$128,076	Dias E M	\$132,455
Chodirker B N	\$146,209	Czaplinski K	\$285,495	Dillon J D	\$355,505
Choptiany R B W	\$185,772	Czamecka M M	\$146,901	Dillon L G	\$69,240
Choptiany T I	\$460,365	Czamecki W ¹	\$489,686	Diocee R	\$54,662
Chow C	\$336,330	Czaykowski P M	\$170,035	Dionne C	\$313,662
Chow M	\$55,470	Da Silva H	\$75,338	Dissanayake D	\$256,430
Chowdhury A D	\$160,897	Da Silva L M	\$284,317	Divekar A A	\$82,767
Christodoulou C C	\$387,145	Dabrowski P T	\$334,980	Dizon A M	\$161,302
Chudley A E	\$93,809	Daeninck P J	\$82,403	Doak G J	\$275,828
Chung L	\$353,241	Dakshinamurti S S	\$211,711	Docking L M	\$178,180
Cisneros N	\$335,376	Dalling G N	\$217,970	Doermer E	\$383,722
Clark M A	\$127,736	Dandekar A S	\$361,805	Doerr J J	\$277,042
Clark S G	\$289,986	Dang T H	\$247,092	Dolynchuk K N	\$267,763
Clark S M	\$125,969	Daniels V	\$155,231	Dominique F	\$296,082
Clayden G	\$412,550	Darczewski I	\$273,156	Domke H	\$209,076

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Domke O	\$98,736	Elahiyoun K	\$51,338	Fleisher M L	\$128,391
Domke S	\$231,524	Elbardisy N	\$364,970	Fleisher W P	\$75,687
Dookeran R	\$780,560	Eleff M K	\$167,456	Fletcher C W	\$248,376
Dornn B	\$66,429	Elhefnawi E	\$414,430	Foerster D R	\$302,298
Doucet P M	\$80,347	Elias K	\$265,377	Foerster J	\$57,527
Dowhanik M A	\$100,687	Elkin J	\$259,279	Fogel R B	\$108,950
Dowhanik P B J	\$68,295	Elkin M	\$136,014	Fong H	\$431,689
Downs A C	\$288,368	Elkin M S	\$290,897	Fontigny N J	\$293,969
Doyle J	\$255,357	Elliott J	\$181,217	Fotti S A	\$127,091
Drachenberg D E	\$605,195	Elves E	\$522,819	Fougere G A	\$86,758
Dressler G R	\$83,202	Embil J M A	\$370,727	Fourie H	\$187,043
Drew E	\$63,855	Embree J E	\$77,588	Fourie T	\$307,621
Drexler J	\$500,358	Emery C	\$187,914	Fox J D	\$68,600
Dreyer C	\$56,799	Eng S	\$309,484	Frame H	\$255,942
Drobot G R	\$217,101	Engel C	\$390,603	Francois J M G	\$55,312
Du Plooy J	\$324,718	Engel J S	\$508,110	Fraser D B	\$63,247
Dubberley J	\$315,505	Engel M	\$67,646	Fraser M B	\$242,868
Dubyna D	\$353,402	Engelbrecht J F	\$219,836	Fraser V H	\$252,731
Ducas D A	\$95,276	Engelbrecht S	\$286,311	Fraser-Roberts D L	\$142,619
Ducas J	\$561,839	Enns J P	\$375,422	Frechette C	\$112,318
Duchek D L	\$53,618	Erhard P	\$279,927	Frechette M	\$328,115
Dueck D	\$241,997	Eschun G M	\$154,083	Frechette S C	\$275,163
Duerksen C	\$395,791	Eshghi Esfahani F	\$325,576	Frederick D V	\$70,465
Duerksen D R	\$415,696	Esmail A	\$350,369	Fredette P	\$223,973
Duerksen F	\$73,971	Esquivel A	\$80,807	Freed D H	\$312,761
Duerksen K	\$72,694	Esser C M	\$67,875	Freedman J I	\$280,440
Duerksen M T	\$302,069	Ethans K D	\$95,102	Freitas E A	\$54,355
Duff B D	\$136,917	Evans H	\$53,247	Friesen J	\$409,748
Duffy G	\$223,996	Evans M J	\$95,131	Friesen J A	\$60,981
Duke P C	\$56,572	Ewert F J	\$331,125	Friesen K L	\$57,862
Dumatol-Sanchez J	\$109,576	Fainman S E	\$75,190	Froese W	\$343,788
Duncan S J	\$432,715	Fair S E	\$134,027	Frohlich A M	\$377,856
Dupont J O ⁴	\$725,915	Falconer T	\$65,617	Frykoda A H	\$161,219
Duval R	\$168,914	Farag R F	\$129,827	Fuchs G R	\$350,430
Dyck D R	\$349,651	Farmer R C	\$265,986	Fung H	\$301,072
Dyck G H	\$514,421	Fast M D	\$502,944	Funk D J	\$176,573
Dyck M P	\$197,359	Fatoye A	\$75,461	Furuiye H	\$121,065
Eaglesham H ²	\$1,013,377	Feasey D	\$105,443	Fuzeta G	\$159,073
Earle L	\$149,256	Feierstein M	\$178,508	Gabriel M	\$201,173
Ebbeling-Treon L	\$280,558	Ferguson D A	\$59,566	Galenzoski K J	\$254,882
Edward G	\$239,238	Ferrari J K	\$90,969	Galessiere P F	\$510,580
Egan M M	\$240,433	Fine A ³	\$374,851	Galimova L	\$273,342
Egey-Samu Z	\$77,092	Finlayson N A	\$142,960	Gall R M	\$372,079
Eggertson D	\$289,984	Finney B A G	\$198,072	Gallagher K	\$118,854
Eisenstat J	\$136,523	Fisher M	\$81,985	Garba S	\$499,690
Ekens M B	\$212,047	Fishman L	\$333,752	Garber L	\$361,189
El Gwaidy N A	\$362,902	Fitzgerald M	\$231,989	Garber P J	\$257,205
El-Gabalawy H S	\$97,548	Fjeldsted F H	\$336,238	Gard M A	\$151,586
El-Sabawy M F	\$183,914	Flattery P M	\$133,586	Gard S	\$156,519

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Garip S M	\$228,248	Gray M G	\$279,325	Harrington J	\$111,721
Gauthier S W	\$103,524	Greenberg C R	\$69,275	Harris P	\$812,274
George R H	\$94,712	Greenberg H M	\$247,123	Harrison W D	\$297,343
Gerber J D W	\$281,997	Greene R E	\$174,310	Hartley D M	\$312,110
Gerstner T V	\$351,525	Gregoryanz T	\$193,200	Harvie C J	\$56,756
Gertenstein R J	\$472,581	Grenier D	\$112,720	Hasan M	\$63,573
Ghebray T M	\$54,301	Greyling J	\$98,309	Hashmi S	\$293,152
Giannouli E	\$257,110	Griffin P	\$209,486	Hawaleshka A	\$240,881
Giesbrecht D R	\$360,864	Griggs G	\$254,437	Hayakawa T E	\$849,272
Giesbrecht J E	\$157,642	Grimbeek F	\$57,211	Haydey R P	\$641,345
Giles B L	\$60,469	Grimes R B	\$178,983	Hayward R J	\$446,464
Gill E	\$216,432	Grobler W P	\$319,770	Hechler P	\$64,024
Gillespie B	\$726,839	Grocott H P	\$118,044	Hechtenthal N	\$229,248
Gillespie J L	\$218,947	Groenewald L H	\$114,588	Hedden D R	\$484,857
Gingerich J R	\$81,751	Groohi B	\$231,201	Hedden J R	\$185,733
Girard J	\$320,528	Groves L	\$301,052	Heese H	\$65,958
Girgis F S	\$94,926	Gudmundson C	\$338,004	Heidenreich W	\$158,907
Glacken R P	\$268,843	Guijon F B	\$148,635	Helewa M E	\$345,002
Glenn D M	\$90,370	Gujral P	\$125,869	Helms J B	\$518,852
Glezerson G	\$371,186	Gupta C K	\$385,151	Henderson B	\$264,110
Globerman D J	\$186,730	Gupta D K	\$781,751	Henderson C	\$60,402
Gobeil J J G	\$89,256	Guzman R	\$602,501	Henderson L P	\$112,726
Godlewski E J	\$201,520	Gwozdecki T M	\$295,828	Henry D W	\$251,371
Godlewski W	\$434,506	Ha F T	\$169,391	Henry S F	\$60,584
Goeke F	\$124,692	Haberman C J	\$341,463	Hershberg D M	\$168,368
Goerz P G	\$156,672	Haggard G G	\$257,562	Hershfield E S	\$190,884
Goldberg N	\$137,591	Hahlweg K A	\$152,373	Hiebert T	\$96,019
Goldenberg D	\$433,950	Hai M A	\$282,986	Hildahl C	\$286,245
Gomori A J	\$187,461	Haiart D C	\$335,835	Hilderman L	\$164,714
Gonzalez-Pino F	\$170,638	Hajidiacos N	\$204,576	Hildes Ripstein G E	\$111,469
Gooi T H	\$477,014	Haleis A R	\$126,628	Hitchon C	\$169,114
Gooi T L	\$648,090	Haligowski D	\$243,825	Hlynka A	\$323,039
Goossen M	\$584,400	Halka H	\$105,270	Ho J	\$129,466
Goossen R	\$56,741	Hall A D	\$92,612	Ho K S	\$60,611
Gordon J	\$422,920	Hallatt D	\$120,363	Hobbs C L	\$72,630
Gordon S	\$164,768	Hamedani R	\$332,547	Hobson D E	\$328,804
Gorski B A	\$502,741	Hameed K A	\$326,197	Hochman D J	\$396,561
Goubran A W	\$151,175	Hamideh F	\$451,270	Hodge S A	\$562,646
Gould L F	\$375,350	Hamm R C	\$194,294	Hoepfner W T	\$158,641
Govender P	\$298,943	Hammond G W	\$172,373	Holder F	\$263,579
Goytan M J	\$458,755	Hancock B J	\$245,045	Holland-Muter E	\$221,272
Grabowski J L	\$365,354	Hanion-Deerman A C	\$117,241	Holmes C	\$137,498
Grace K J	\$208,493	Hanna N	\$79,896	Holowenko D S	\$77,199
Graham C P	\$203,293	Hansen J G	\$76,309	Holroyd D	\$55,133
Graham K	\$315,161	Harding G A J	\$132,431	Holt S C	\$217,390
Graham M R	\$121,956	Harding G E	\$221,496	Homik L	\$645,009
Graham R	\$114,874	Hardy B ²	\$451,221	Homoud M	\$74,328
Grass S B	\$280,196	Haresha A	\$248,391	Honiball J J	\$333,865
Gray C	\$133,441	Harms S	\$355,848	Hooper W M	\$246,358

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Horne D	\$287,720	Jan M	\$52,232	Kaufman R	\$122,328
Horton J	\$134,557	Janani S S	\$187,315	Kaushal R D	\$223,389
Horvath J F	\$120,139	Jason M	\$262,672	Kaviani M	\$193,044
Hosegood G	\$84,293	Jassal D	\$125,775	Kayler D E	\$525,159
Hosking D	\$429,398	Jebamani S	\$236,401	Keddy-Grant J	\$188,840
Houston D S	\$60,019	Jei Almdhem M	\$88,760	Kehler T	\$79,498
Howden W A	\$244,216	Jenkinson D	\$53,621	Kelleher B E	\$150,263
Hoy G J	\$128,972	Jensen B	\$67,822	Kellen P	\$221,320
Hoy M L	\$193,413	Jensen C W B	\$210,911	Kellen R I	\$588,951
Hrabarchuk B	\$363,218	Jensen D M	\$377,961	Kemkaran K	\$157,144
Huebert D M	\$446,550	Johnson B	\$211,267	Kepron W	\$230,650
Huebert H T	\$126,883	Johnson C	\$185,773	Kerr L	\$109,436
Hughes P M	\$169,573	Johnson D	\$511,935	Kerr P D	\$311,554
Humphreys K M	\$157,133	Johnson E	\$506,380	Kettler J J	\$78,468
Hurst L D	\$359,894	Johnson H	\$63,693	Kettner A	\$136,982
Husarewycz S	\$365,042	Johnson M G	\$401,209	Khadem A	\$264,886
Hussain F	\$707,063	Johnston C	\$58,291	Khaleifa A O	\$198,016
Hussain M I	\$320,132	Johnston J B	\$157,874	Khalil I	\$224,297
Hutfluss G J	\$353,406	Johnston J L	\$156,210	Khan A	\$164,897
Hyman J R	\$172,590	Jolly K S	\$432,889	Khan A H	\$333,325
Hynes A F	\$114,030	Jones K D	\$124,935	Khan N M	\$398,867
Ibbitt C J	\$234,704	Joshi C N	\$53,155	Khandelwal A S	\$428,346
Ibrahim M	\$235,872	Joshi D A	\$129,546	Khangura D	\$313,473
Ibrahim M S	\$258,098	Joshi J N	\$395,106	Kheilil A I	\$215,850
Ijaz S P	\$62,459	Joshua J M	\$200,229	Khusi S	\$209,324
Ilichyna D C	\$270,448	Joundi M G	\$290,036	Kimelman A L	\$134,477
Iiliffe G D	\$182,897	Jovel R E	\$169,188	Kindle G F ²	\$389,327
Ilnyckyj A	\$209,156	Jowett A	\$333,452	King T D	\$66,312
Ilse W K	\$273,837	Junaid A	\$238,945	Kinnear D	\$272,188
Imam I E B	\$368,095	Kabani A M	\$136,764	Kinsner J M	\$150,447
Ingimundson J C	\$157,417	Kadambi D R	\$100,826	Kippen R N	\$307,761
Inglis D	\$419,498	Kaethier W	\$291,609	Kirkpatrick I D C	\$368,834
Ingram P F	\$151,982	Kahanovitch D	\$265,207	Kirshner A	\$309,385
Intrater H	\$381,171	Kaita K D E	\$249,348	Kish S L	\$206,515
Ip A	\$270,396	Kalansky G	\$60,647	Kisil D	\$70,084
Irving J E	\$314,949	Kalicsinsky C	\$228,658	Klaponski S	\$106,838
Isaac C	\$205,830	Kaltornyk B P	\$113,044	Klassen D H	\$216,989
Isaacs R L	\$274,253	Kania J	\$808,502	Klassen L J	\$131,917
Iskander S S G	\$66,455	Kanji R	\$296,954	Klassen N F	\$270,619
Israels S J	\$60,663	Kaplan J	\$81,048	Klassen O	\$201,487
Ivey J	\$207,052	Karllick F	\$332,600	Kliwer K	\$288,711
Jacob M V	\$232,544	Karpinski M E	\$285,924	Klippenstein N L	\$555,204
Jacob V C	\$996,177	Karvelas J	\$193,952	Kluke C	\$50,744
Jacobs J	\$423,582	Kasper K D	\$244,377	Klym K L	\$107,998
Jacobsohn E	\$126,481	Kassier K	\$623,924	Koczanski R	\$142,498
Jaeger C	\$238,663	Kassis L	\$124,254	Koensgen S J	\$212,198
Jain M	\$423,114	Kati A A	\$74,057	Koh C	\$106,545
Jain N K	\$90,319	Katz L	\$132,022	Kohanek F L	\$71,201
James J M	\$382,380	Katz P	\$161,395	Kolt A M	\$102,396

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Koltek M M	\$58,923	Lam H P	\$562,805	Lemoine G G	\$218,024
Komenda B W	\$262,712	Lam W L	\$143,563	Lemon K	\$74,637
Komenda P V J	\$278,191	Lamb J A	\$121,868	Lemon P W	\$314,841
Komosky J	\$150,989	Lamba K S	\$197,748	Lerner M	\$141,017
Kong A M C	\$247,312	Lambert D A	\$146,061	Lerner N	\$303,514
Koodoo S R	\$237,803	Lambrechts H	\$229,922	Leslie H	\$73,307
Korol G	\$361,742	Lander D A	\$71,589	Letkeman R C	\$431,835
Kos G P	\$60,448	Lander M	\$112,878	Letts K	\$118,151
Kotecha Y	\$323,989	Lane E S	\$245,761	Leung Shing L P	\$228,247
Koulack J	\$571,396	Lane M A	\$98,095	Levi C S	\$408,776
Kousonsavath R	\$163,614	Lang C	\$283,673	Levin B L	\$426,941
Koven S	\$166,266	Langan J T	\$431,498	Levin H	\$298,878
Kovnats S	\$109,043	Langridge J K	\$294,553	Levy S B	\$205,736
Kowalchuk I J	\$297,700	Large G	\$254,340	Leylek A	\$124,550
Kowalski S	\$170,872	Larue L B	\$176,929	Lezack J D	\$354,890
Kraemer G	\$95,888	Lategan B	\$67,497	Li W	\$244,068
Krahn C	\$325,475	Latosinsky S	\$324,375	Lieberman D K	\$276,707
Krahn J	\$300,300	Lau Y	\$458,427	Lindenschmidt R	\$263,892
Krahn M	\$72,562	Laurencelle R	\$79,389	Lindquist L ²	\$549,778
Kramer M	\$183,512	Lautatzis M ²	\$612,351	Lindsay D	\$75,641
Kraut A	\$81,636	Lautenschlager E	\$71,087	Lindsay D J	\$904,113
Kredentser J	\$182,037	Lavallee B	\$169,856	Lindsay G M	\$310,223
Kredentser S	\$167,223	Lavitt G	\$51,484	Lint D W	\$82,250
Kremer S	\$122,328	Lawrence P H	\$566,596	Lipinski G	\$248,802
Kremi J	\$262,924	Lazar M H	\$302,232	Lipnowski S	\$607,460
Krepart G	\$334,555	Lazarus A	\$149,700	Lipschitz J	\$639,433
Krocak T J	\$266,748	Le Roux A A	\$51,437	Lipson A H	\$195,850
Kroeker L R	\$375,084	Le Roux C	\$125,316	Littleford J A	\$187,685
Kroeker M A ²	\$2,994,953	Le Roux P C	\$375,447	Liu J	\$114,937
Kroft C D L	\$93,951	Leader E	\$58,324	Lo E	\$104,179
Krongold I ²	\$1,067,279	Lebedin W W	\$349,433	Loader K	\$264,644
Kruk R D	\$264,727	Lecuyer N S	\$135,965	Lockman L E	\$402,835
Krzyzaniak K M	\$202,032	Lee B D	\$88,645	Lockwood A P	\$51,800
Kucheravy M	\$55,770	Lee F F	\$336,363	Loepp C	\$165,972
Kucheravy T	\$57,331	Lee G Q	\$180,754	Lofgren S R	\$135,120
Kucparic P	\$177,864	Lee H B	\$226,650	Logan A C	\$494,902
Kuegle P F X	\$266,295	Lee J J Y	\$640,050	Logsetty S	\$101,830
Kulbisky G P	\$97,195	Lee L	\$108,540	Loh C C	\$150,802
Kumar A	\$381,005	Lee S	\$590,572	Loiselle J A	\$277,910
Kuo B	\$200,608	Lee T J	\$309,923	Long A L	\$970,804
Kuo C	\$137,555	Lee T W	\$355,901	Longstaffe A E	\$312,806
Kyeremateng D	\$263,310	Lee V K	\$601,823	Longstaffe S	\$194,716
Labella L	\$63,223	Lee-Kwen J	\$51,199	Lopez G	\$58,625
Lacerte M M	\$229,477	Lee-Wing M W	\$510,979	Lotocki R J	\$516,968
Lafontaine I ⁴	\$689,932	Leen D A	\$352,733	Loudon M	\$242,434
Lage K L	\$160,752	Lefevre G R	\$259,365	Lowden C S	\$333,354
Lagowski M C	\$233,718	Lei B T C	\$323,240	Lowther G H	\$79,179
Lam C C	\$65,796	Leicht R	\$910,966	Lu P B	\$174,017
Lam D S C	\$149,300	Leitao D J	\$313,278	Lucash S E	\$150,809

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Lucman L L ¹	\$521,233	Manswell C B	\$85,825	McPherson J A M	\$227,561
Lucman T S	\$79,425	Manusow D	\$368,534	Mctaggart D L	\$173,995
Lucy S	\$310,525	Marais F	\$378,160	Mctavish W G	\$230,229
Ludwig L	\$172,867	Marantz J	\$110,405	Mehta A	\$161,953
Ludwig S	\$200,542	Mare A C	\$319,512	Mehta P G	\$409,348
Luk T L	\$292,684	Margolis N	\$329,120	Mellon A M	\$308,331
Lukie B J	\$314,478	Marles S L	\$70,732	Memon G	\$97,346
Lum Min S	\$203,461	Marsh D W	\$207,585	Memon R	\$191,592
Lyons E A	\$472,222	Marshall M	\$74,181	Menard S L	\$327,327
Lysack A M	\$379,589	Martens M D	\$123,580	Menkis A H	\$195,155
Lysack D A	\$364,241	Martens R	\$247,010	Menticoglou S	\$737,448
Lysack J T	\$408,594	Martens Barnes C	\$122,172	Menzies R J	\$469,078
Mabin D	\$523,140	Martin A G	\$56,009	Mercier N	\$145,750
MacDiarmid A L	\$111,998	Martin D	\$123,306	Mestdagh B E	\$114,325
MacDonald N	\$267,521	Martinez E R	\$112,264	Mestdagh R J	\$91,481
MacDonald P	\$329,289	Marx T	\$353,539	Mestito Dao I	\$54,244
MacDougall B	\$216,398	Maslow K D	\$615,185	Meyrowitz D	\$372,349
MacDougall E	\$150,696	Matas M	\$138,505	Mhanni A	\$89,369
MacDougall G	\$471,883	Mathen M K	\$670,649	Mian M T	\$227,415
Maceachern N	\$301,729	Mathew G	\$300,230	Micflikier A B	\$1,417,160
Macek R K W	\$164,612	Mathieson A L	\$293,971	Mikhail S N F	\$90,493
MacIntosh E L	\$367,987	Mathison T L	\$190,263	Milambiling E M	\$354,198
Mackalski B A	\$343,786	Matsubara T K	\$285,766	Milambiling L C P	\$262,365
Mackay M J	\$83,000	Matthew T	\$292,881	Miller A	\$105,739
Mackay Michael J	\$92,312	Maxin R	\$93,312	Miller D L	\$236,308
Mackenzie G S	\$164,502	Maxwell I	\$307,589	Miller D M	\$340,765
Mackenzie S K	\$61,580	Mayba I I	\$190,041	Miller L	\$375,305
Macklem A K	\$326,806	Mayba J I	\$582,272	Miller M	\$665,973
Macleod B A	\$216,171	Maycher B	\$940,230	Miller T L	\$271,766
MacMahon R	\$294,136	McCammon R J	\$148,954	Mills B J	\$156,002
MacMillan M B	\$279,153	McCarthy B G	\$78,650	Milner J F	\$609,685
Macneil J	\$50,134	McCarthy G F	\$664,625	Mina M M F	\$152,641
Macrodimitis A G	\$179,463	McCarthy T G	\$502,175	Mink S	\$104,779
Magarrell C	\$56,539	McClarty B	\$584,244	Minnaar J	\$243,465
Magerman E W	\$80,301	McConnell M	\$271,649	Mintz S L	\$73,994
Maguire D	\$373,175	Mccullough D W	\$87,271	Minuk D	\$52,891
Maharaj G R	\$186,156	Mccusker P	\$54,843	Minuk E	\$150,098
Maharaj I G	\$308,018	Mcdonald H D	\$287,822	Minuk G	\$62,246
Maharajh D A	\$152,568	Mcfadden L R	\$377,857	Miranda G	\$76,553
Mahay R K	\$389,705	McGinn G	\$730,442	Mis A A	\$371,257
Maier J C	\$217,165	Mcgregor B	\$75,672	Miskiewicz L M	\$113,467
Major P ²	\$804,148	McIntyre I L	\$218,020	Moddemann D	\$159,352
Maksymiuk A W	\$104,263	Mckay M A	\$89,483	Mohamdee J F	\$178,453
Malabanan E	\$351,675	McKenzie T	\$213,850	Mohamed A S	\$161,375
Malchy B A	\$117,974	Mckiernan B	\$199,054	Mohamed M A M	\$365,310
Mallick K C	\$650,699	Mcleod J K	\$187,314	Mohammed I	\$251,677
Maloka N	\$96,670	McNaught J	\$97,454	Moharib N	\$64,341
Manishen W J	\$346,709	McNeill A M	\$258,430	Moller E E	\$165,851
Manness R C	\$204,533	McPhee J	\$193,420	Moller P R	\$415,847

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Moltzan C	\$190,547	Naidoo S P ¹	\$4,635,633	Padeanu F T	\$160,758
Momoh J T	\$437,345	Nair U K	\$321,206	Padua R N	\$272,742
Moncek J A	\$375,070	Narvey E B	\$64,854	Padua R R	\$173,609
Monkman L M	\$239,336	Nason R W	\$227,539	Paetkau D	\$261,106
Monson R C	\$213,795	Nasr N Y I	\$101,093	Panaskevich T	\$500,627
Monteiro G E	\$322,315	Naugler S	\$374,387	Pandey A K	\$64,557
Montgomery P	\$210,128	Nause L N	\$190,587	Pang E G	\$133,936
Montoedi J	\$243,758	Navaratnam S	\$77,081	Papegnies D	\$66,553
Moody J K	\$108,475	Nawrocka D	\$99,326	Paquin R W ²	\$1,000,456
Moon M	\$312,982	Nazar-Ul-Iman S	\$435,255	Parham S M	\$300,920
Moore R F	\$121,381	Nell A M	\$450,625	Parker K R	\$201,601
Moran De Muller K	\$487,330	Nemeth P	\$288,317	Partap N A	\$127,881
Morgan T R	\$158,205	Nepom J	\$316,652	Partridge G	\$79,423
Morham A	\$171,206	Neufeld H	\$115,065	Pascoe E A	\$410,559
Morier G S	\$111,995	Newman F	\$239,567	Paskvalin M	\$201,970
Moroz S P	\$102,253	Newman S	\$201,012	Pasterkamp H	\$117,821
Morris A L	\$232,494	Nguyen H	\$382,267	Patel L R	\$357,751
Morris G S	\$230,823	Nguyen K M	\$233,233	Patel Praful C	\$557,575
Morris M	\$198,317	Nguyen L	\$294,038	Patel Pravin C	\$473,672
Morris M W	\$112,419	Nguyen M H	\$366,476	Patel R C	\$424,533
Morton P G D	\$129,975	Nickerson P W	\$53,588	Patel S V	\$235,909
Mostert F	\$227,452	Nicolle L E	\$175,291	Pathak K K	\$72,741
Mouton R W	\$231,054	Nigam R	\$372,686	Pawlak J	\$102,665
Mowat G	\$51,338	Noel C	\$677,932	Peabody D	\$118,781
Mowchun L	\$67,994	Nugent L M	\$325,307	Pederson K	\$92,668
Mowchun N	\$245,603	Nyomba B L	\$145,043	Pelissier R	\$89,949
Mshiu M	\$100,789	O'Hagan D B	\$365,560	Penner K	\$147,555
Muhamedagic T	\$76,056	O'Keeffe K M	\$193,516	Penner L R	\$98,503
Muirhead B	\$249,445	O'Sullivan M J	\$242,392	Penner S B	\$257,321
Mulhall D	\$63,523	Ochonska M	\$396,502	Penrose M	\$323,718
Muller J G	\$68,097	Oen K G	\$84,543	Perkins G	\$73,978
Muller T	\$117,185	Ogborn M	\$50,646	Perlov J	\$160,476
Muller Delgado H A	\$294,074	Olivier S	\$282,468	Permack S	\$235,523
Muncner A	\$83,469	Olson R L	\$193,233	Perrett M	\$87,831
Muncner P	\$127,800	Olynyk F	\$142,546	Peschken C	\$88,714
Mundle S	\$58,982	Omelan C K	\$108,043	Peters D	\$278,359
Murray D	\$78,849	Omichinski L M	\$315,657	Peters H	\$297,125
Murray G G	\$53,290	Ong B Y	\$395,205	Peters H O	\$176,843
Murray K	\$480,265	Ong G H	\$366,185	Peterson J	\$270,608
Muruve G N	\$330,316	Onotera R	\$259,006	Petkau A	\$136,160
Mutch W A C	\$106,435	Onyshko D J	\$177,666	Pettinger C S	\$213,029
Mutter T C	\$250,382	Ormiston J D	\$306,320	Philipp R K	\$653,610
Myers W E	\$460,624	Orr P	\$116,911	Pickard K	\$134,713
Mykytiuk P	\$71,116	Osler F G	\$266,845	Pickering B	\$364,607
Mymin D	\$52,963	Ospina-Ordenez J A	\$90,703	Pierce G W	\$559,017
Mysore M	\$295,119	Pachal C A	\$192,497	Pierce T L	\$61,724
Nachtigal H	\$61,303	Pacin A	\$194,549	Pieterse W	\$180,329
Nadeem Y	\$50,581	Pacin O	\$265,701	Pieterse W	\$393,583
Naidoo J ¹	\$9,342,015	Pacin S	\$285,742	Pilat E J	\$284,318

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
 Schedule of Payments for Fiscal Year Ended March 31, 2008

NAME:	\$	NAME:	\$	NAME:	\$
Pilkey B D	\$237,784	Ramsay J A	\$110,570	Rosario R	\$99,443
Pillay P G	\$328,960	Ramsey C D	\$101,242	Rosenberg R J	\$59,603
Pinder M	\$251,538	Randolph J L	\$73,145	Rosenthal P	\$183,779
Pinette G D	\$166,826	Rao K B	\$409,864	Ross F J	\$170,256
Pinniger G W	\$245,676	Raubenheimer J P	\$260,391	Ross F K	\$111,160
Pintin-Quezada J	\$349,574	Reeves J D	\$50,327	Ross J F	\$708,067
Pirzada M A	\$313,789	Rehal R S	\$102,942	Ross J J	\$141,665
Pittman P	\$176,274	Rehsia D	\$773,339	Ross L L	\$400,185
Plueschow M	\$60,532	Reid G J	\$368,820	Ross T K	\$154,152
Podolsky G R	\$144,439	Reimer D J	\$471,462	Rossouw J [†]	\$1,114,554
Poettcker R J	\$277,574	Reimer D K	\$232,515	Rothova A	\$274,287
Polimeni C	\$133,396	Reimer H	\$286,647	Roussin B C	\$240,929
Polimeni J O	\$120,445	Reimer M B	\$218,388	Roux J G	\$237,473
Pollock B	\$459,431	Reinecke M	\$64,741	Rowe R C	\$189,038
Poon W W C	\$254,739	Reiss J P	\$77,087	Roy D	\$116,887
Popoff D	\$140,725	Rempel R G	\$123,680	Roy M	\$169,154
Popowich S	\$371,433	Renner E	\$52,388	Roy M J	\$200,609
Possia C	\$56,948	Renouf F	\$280,900	Rubinger M	\$138,179
Postl B	\$57,955	Reslerova M ³	\$673,898	Rubinstein E	\$177,883
Potoski J P	\$402,325	Reyneke A	\$305,964	Ruddock D L	\$337,117
Potter J	\$103,386	Rice P	\$237,950	Rumbolt B R	\$278,579
Prasad B	\$166,762	Rich A D	\$247,969	Rusen J B	\$288,440
Preachuk C T J	\$93,512	Richardson C J	\$309,910	Rush D N	\$109,056
Prenovault J	\$290,378	Riche B ³	\$572,963	Rush N O S	\$172,292
Price J	\$194,841	Ridah D	\$146,429	Rusnak B	\$227,011
Prinsloo J	\$281,097	Rigatto C	\$257,039	Rust G	\$75,707
Pritchard P	\$78,158	Ring H	\$158,932	Rust L	\$98,351
Prober M A	\$209,873	Ringaert K	\$210,429	Ryali L A	\$74,660
Prodan O	\$169,163	Riordan P	\$162,682	Ryckman B A	\$176,173
Psooy K J	\$88,260	Ritchie B A	\$313,697	Saad N	\$75,151
Putnins C	\$105,556	Ritchie J	\$121,040	Saadia R	\$250,998
Puttaert D	\$96,456	Rivas J H	\$55,209	Sabeski L M	\$377,273
Pymar H C	\$217,256	Rivkin B	\$60,874	Sadri D	\$274,637
Quan W	\$271,649	Roberts J R	\$285,233	Saettler E	\$214,544
Quesada R	\$261,785	Roberts M	\$58,165	Sala T N	\$78,259
Raabe M A	\$594,505	Robertson G A	\$67,658	Salamon E	\$563,876
Rabson J L R	\$1,026,203	Robillard S C	\$143,322	Salem F	\$605,765
Racette T	\$122,312	Robinson C C	\$219,255	Salman M S	\$65,303
Rafay M F	\$68,838	Robinson D B	\$234,820	Salter-Oliver B A	\$68,990
Rafeeq B	\$73,224	Robinson D J	\$352,523	Sam D	\$128,585
Rafiq M	\$78,171	Robinson J	\$448,027	Sami S	\$211,941
Raghavendran S	\$170,410	Robinson W	\$324,082	Samuels E R	\$122,416
Rahman J	\$288,136	Rocha G	\$837,658	Sanders R W	\$135,118
Raimondi C	\$204,536	Roche G	\$229,260	Sandhu M S	\$211,771
Rajamohan C	\$152,810	Rodriguez I M	\$133,092	Sandhu S S	\$399,265
Rajani K R	\$523,332	Rodwan K S	\$73,846	Saran K D	\$178,423
Ramadan S I	\$341,638	Roe B E	\$106,595	Saranchuk J W	\$307,733
Ramaya S	\$261,567	Rogozinska L	\$441,941	Sareen J	\$80,534
Ramgoolam R	\$350,293	Ronald A R	\$57,744	Sareen S	\$256,598

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NAME:	\$	NAME:	\$	NAME:	\$
Sarlas E	\$106,533	Shelton L	\$135,137	Snovida L	\$226,997
Sathya J	\$121,259	Shelton P A	\$173,143	Sokolowski D	\$232,280
Sathya P	\$58,340	Shepertycky M R	\$276,504	Sommer H M	\$204,081
Saunders C G	\$508,377	Sheps M	\$436,197	Soni N R	\$277,919
Saunders K	\$172,989	Shiffman F H	\$448,407	Sood M	\$331,469
Savage B	\$233,403	Shnider M	\$131,997	Sookermany N	\$51,354
Sawka S E ²	\$684,675	Shojania A M	\$192,358	Speer M	\$201,966
Sawyer J A	\$324,017	Shuckett P	\$333,874	Srichandra W	\$223,434
Sawyer S K	\$69,154	Shum K C	\$269,001	Srinathan S K	\$130,369
Scatliff J	\$267,429	Shumsky D	\$78,490	St John P D	\$167,251
Schachter M A	\$100,894	Shunmugam R	\$613,371	St Vincent A	\$253,244
Schacter B A	\$57,292	Sickert H G	\$95,760	Stanko L	\$338,355
Schaeffer D	\$68,022	Siddiqui F S	\$64,252	Stearns E	\$284,477
Schaub J C	\$118,033	Siemens J	\$120,940	Stecher R D	\$261,807
Schellenberg J D	\$236,330	Sigurdson E	\$120,992	Stedman N	\$68,732
Schellenberg W C	\$440,052	Sikora F J	\$242,184	Stefanyshen G S	\$223,894
Schledewitz I L	\$82,231	Silagy S	\$445,214	Steigerwald R	\$53,508
Schmidt B J	\$96,564	Silver H	\$151,961	Steinberg F	\$122,669
Schneider C E	\$296,344	Silver N A	\$158,354	Steinberg R J G	\$135,074
Schroeder A N	\$314,782	Silver S	\$770,537	Stelzer J	\$182,348
Schroeder G	\$195,959	Silverman R E	\$296,230	Stephensen M C	\$272,081
Schur N K	\$441,134	Simard-Chiu L A	\$158,266	Stewart G B	\$65,389
Schwartz L D	\$264,589	Simcoff M A	\$79,341	Steyn E	\$78,155
Scott J	\$462,270	Simm J F	\$159,303	Stillwater R B	\$154,060
Seager M J	\$425,563	Simonsen J N	\$83,528	Stimpson R	\$99,732
Seftel M D	\$97,177	Simonson D W	\$237,588	Stitt G P	\$53,244
Segstro R J	\$286,712	Singer M	\$155,467	Stitt R L	\$52,024
Seifer C M	\$266,916	Singer R	\$119,343	Stitz M	\$274,183
Seifer R	\$77,761	Singh A	\$310,253	Stockl F A	\$855,889
Seitz A R	\$234,705	Singh G B	\$456,496	Stoffman J M	\$60,311
Selaman M H	\$164,652	Singh H	\$222,900	Stone J D	\$322,063
Sellers E	\$53,148	Singh M	\$340,132	Storoschuk G W	\$255,398
Sen R	\$172,846	Singh N	\$53,069	Storsley L J	\$230,816
Sethi K	\$122,240	Singh R	\$157,054	Stoykewych A A	\$65,314
Sethi S	\$329,828	Sinha M	\$319,766	Strumpher J	\$188,045
Sett S	\$73,174	Sinha S N	\$474,005	Sud A K	\$691,787
Sewell G	\$120,547	Sippy R	\$185,087	Sullivan M	\$95,506
Shabash O M	\$368,023	Skakum K K	\$151,508	Suski L	\$64,794
Shah A	\$97,131	Skead L	\$391,443	Susser M	\$176,758
Shah B	\$335,670	Sloan G	\$193,307	Sutherland D E	\$203,347
Shah N	\$86,908	Slutchuk M	\$139,465	Sutherland E N	\$288,439
Shaikh N	\$146,262	Small L	\$50,057	Sutherland J G	\$176,047
Shane F	\$96,306	Smart J R A	\$304,230	Sutherland S	\$255,474
Shane M	\$373,755	Smil E	\$205,465	Sutter J A	\$334,127
Sharif M N	\$382,047	Smith D D	\$188,993	Sutton I R	\$404,946
Shariff F K	\$135,031	Smith H W E	\$424,853	Swain V J	\$73,227
Sharkey J B	\$421,609	Smith L F	\$447,514	Swartz J	\$188,780
Sharma S	\$326,099	Smith R G	\$269,414	Swenarchuk G	\$66,224
Shatsky M	\$75,385	Smith R W	\$240,515	Symchych M	\$59,352

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NAME:	\$	NAME:	\$	NAME:	\$
Syslak W B	\$129,684	Tran C P	\$274,693	Vipulanathan V	\$164,028
Szajkowski S	\$243,994	Trinh H	\$213,348	Visch S H R	\$126,292
Szwajcer D	\$89,339	Tsang D	\$393,032	Visser G	\$369,426
Tam J W	\$128,909	Tsang K F M ¹	\$182,246	Visser H B	\$58,816
Tamayo Mendoza J A	\$102,301	Tse W C	\$168,098	Vlok N	\$186,136
Tan L	\$328,925	Tsuyuki S H ²	\$426,821	Vonguyen L	\$96,342
Tang-Wai R	\$384,876	Tufescu T	\$75,121	Voyer D	\$95,770
Tanner J	\$54,152	Tulloch H V	\$176,118	Wakeman M S	\$80,412
Tapper R	\$52,860	Tung P	\$372,056	Waldman J C	\$213,948
Taraska V	\$591,601	Turabian M	\$246,854	Wallace S E	\$240,103
Taraska Victoria	\$364,400	Turgeon T	\$307,460	Walli J E	\$459,190
Targownik L E	\$252,028	Turner D R	\$404,483	Walters J J	\$699,190
Tawadros M B	\$70,527	Turner R B	\$376,122	Wang J	\$218,243
Tawfik Helmy S	\$228,636	Ulyot S	\$186,947	Warraich N	\$452,800
Taylor H R	\$498,978	Ulmer M	\$70,155	Warrian R K	\$326,529
Taylor M C	\$65,946	Unruh H W	\$307,101	Warrian W G	\$58,888
Taylor P D	\$59,532	Uys T	\$282,560	Warrington R	\$242,325
Taylor S N	\$473,448	Van Alstyne M	\$494,411	Watson J D	\$84,623
Tenenbein M	\$53,397	Van Ameyde K	\$221,065	Watters T	\$67,716
Tenenbein P K	\$201,279	Van De Velde R	\$111,607	Weebbedda U S K	\$81,445
Teo S L	\$282,757	Van Der Zweep J	\$280,473	Weidman M L	\$270,054
Terry W F	\$204,223	Van Gend R	\$237,662	Weirich M K	\$370,720
Teskey J	\$50,783	Van Home W A	\$160,223	Weizman S	\$365,276
Theodore G M	\$291,898	Van Ineveld C	\$53,538	Welch G J	\$66,817
Therrien D J	\$77,591	Van Jaarsveldt W	\$399,422	Wenier J	\$309,390
Thiessen M N	\$236,653	Van Niekerk E	\$259,159	White B K	\$114,876
Thiessen R J	\$71,193	Van Niekerk S	\$276,330	White O J	\$529,201
Thille S M	\$172,539	Van Rensburg C J	\$325,950	White S	\$81,324
Thomas S T	\$206,246	Van Rensburg N	\$342,312	White V P	\$71,043
Thompson R A	\$59,262	Van Rensburg N J	\$426,624	Whittaker E	\$127,376
Thompson T R	\$173,034	Van Rensburg P D J	\$423,537	Wickert W A	\$231,721
Thomson G T D	\$214,326	Van Rooyen M L	\$488,221	Wiebe K L	\$149,032
Thomson I R	\$269,447	Vanderwert R T	\$164,852	Wiens A V	\$411,743
Thorlakson D	\$171,604	Varma A	\$346,985	Wiens J J	\$583,119
Thorlakson I J	\$174,950	Vasconcelos J A	\$253,028	Wiens J L	\$604,959
Thorlakson R H	\$301,265	Vattheuer A	\$69,704	Wiens P J	\$65,080
Thorlakson T K	\$59,231	Vattheuer F B	\$146,726	Wiesenthal B D	\$174,121
Thottingal A P	\$143,335	Venkatesan N	\$95,297	Wiesenthal Z	\$188,897
Thwala A B	\$397,074	Verma M R	\$301,254	Wightman H R ¹	\$4,002,003
Timmerman D	\$50,600	Verrelli M	\$234,942	Wightman N A	\$65,559
Tobia M H	\$189,697	Viallet N R	\$219,773	Willemse P	\$854,149
Toews K A	\$250,822	Vianzon C S	\$382,452	Williamson D	\$85,903
Tole G D	\$61,055	Vicari D	\$52,001	Willows J R	\$201,375
Tomchuk E	\$392,389	Vickar E L	\$315,557	Wilson A S	\$103,498
Tomy H	\$76,300	Vignudo S	\$245,733	Wilson G P	\$366,509
Tomy P	\$242,098	Vijay R	\$223,350	Wilson M ²	\$1,046,687
Toole J	\$366,196	Vijayaraghavan K	\$95,282	Winistok W	\$152,762
Townley R	\$284,531	Violago F	\$185,110	Winogrodzka C	\$261,354
Trainor J M ¹	\$6,458,762	Vipulanathan M	\$187,025	Winzoski T	\$62,889

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NAME:	\$	NAME:	\$	NAME:	\$
Wirch M F	\$155,448	Yale R	\$103,363	Zetaruk M	\$60,907
Wiseman D G H	\$224,255	Yamamoto K	\$290,544	Ziaei S	\$263,147
Wiseman M C	\$426,245	Yamsuan M	\$218,676	Zieroth S R	\$129,791
Wiseman N	\$359,404	Yankovsky A	\$93,846	Ziesmann M	\$709,187
Woelk C	\$304,929	Yanofsky R	\$70,663	Zimmer K W	\$268,935
Wolfe K B	\$231,317	Yaren S	\$137,483	Ziomek A	\$118,110
Wolfe S A	\$252,069	Yeung C	\$353,292	Zivot J	\$94,766
Wong H	\$265,445	Yip B	\$350,445	Zloty R B	\$75,506
Wong R P W	\$489,469	Young B C	\$196,660	Zoppa R	\$177,351
Wong S G	\$154,740	Young J	\$102,547	Zurbyk R	\$75,029
Wong S W C	\$379,727	Young M R	\$148,974		
Wong T	\$224,322	Young R S	\$327,016		
Woo C	\$299,877	Youssef N ⁱ	\$77,877		
Woo N	\$429,403	Youssef V S	\$83,468		
Woo V C	\$517,696	Yuen C K	\$391,296		
Woods A K	\$223,672	Zabolotny B P	\$300,144		
Woolford B	\$68,587	Zacharias G W	\$326,300		
Wowk-Litwin M L	\$118,205	Zacharias J ³	\$351,107		
Wozney L R	\$74,327	Zaki M F	\$384,213		
Yaffe C	\$648,884	Zeiler F	\$480,236		

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Explanatory Notes:

- (1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).*
- (2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).*
- (3) *Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).*
- (4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).*

Laboratory Directors and Facilities

Czarnecki W	Manitoba Clinic
Lucman L	Winnipeg Clinic
Rossouw J	Western Medical Clinic The Brandon Clinic Clement Bloc Lab
Naidoo J	Central Medical Laboratory
Naidoo S P	Southwood Laboratory Unicity Lab Services-McPhillips Street
Trainor J M	Medical Arts Building Windsor Park Medical Centre Lakewood Medical Centre
Tsang K F M	Norlyn Lab Service
Wightman H R	Assiniboine Clinic Lab

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Radiology Directors and Facilities

Boult Ian F	Winnipeg Radiology Consultants - Medical Arts Building Winnipeg Radiology Consultants - Charleswood Clinic Winnipeg Radiology Consultants – Markham Professional Centre
Coueslan G W	The Brandon Clinic
Clement Block Xray	
Eaglesham H	Lakewood Medical Center Manitoba X-Ray Clinic – Misericordia Care Centre
Hardy, B	Winnipeg Radiology Consultants – Health Sciences Centre
Kindle G	Brandon General Hospital
Kroeker M A	Manitoba X-Ray Clinic – MRI Tache Branch
Krongold I	Kaprowy & Associates Drs. Assiniboine Clinic Parkview X-Ray Clinic
Lautatzis M	Boyd X-Ray Clinic Legacy X-Ray
Seven Oaks X-Ray Clinic	
Lindquist L	Winnipeg Clinic Lindquist Medical Corporation-Radiology Consultants of Wpg Winnipeg Clinic
Major P	Manitoba Clinic
Paquin R W	Transcona Clinic Xray
Metro Xray Clinic – Rothesay	
Sawka S	Manitoba X-Ray Clinic – Westwood Branch -Elmwood Branch -Westwood Portables Diagnostic Services Division Manitoba X-Ray Clinic
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Clinic – Misericordia Care Centre

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Dialysis Directors and Facilities

Allan, D R	Health Sciences
Bernstein, K	Health Sciences Centre & Seven Oaks
Bueti, G	Health Sciences Centre
Fine, A & Armstrong, S	St. Boniface General Hospital
Reslerova, M	St. Boniface General Hospital
Riche, B	Brandon General Hospital
Zacharias, J	Local Centres Dauphin General Hospital Flin Flon General Hospital Lakeshore General Hospital Morden Hospital Norway House Hospital Pine Falls Hospital Portage la Prairie Hospital Selkirk General Hospital The Pas Health Complex Thompson General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants Winnipeg Clinic – Nuclear Medicine St. Boniface Hospital- Nuclear Medicine
Lafontaine I	Brandon

APPENDIX I

SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

THE ANATOMY ACT (A80)

- ♦ Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- ♦ Sets out who is entitled to claim a body.
- ♦ Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)

- ♦ Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CHIROPRACTIC ACT (C100)

- ♦ Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE DENTAL ASSOCIATION ACT (D30)

- ♦ Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)

- ♦ Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)

- ♦ Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34) (Not yet Proclaimed)

- ♦ Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

THE DENTURISTS ACT (D35)

- ♦ Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

- ♦ (Except with respect to elderly persons' housing units as defined in the Act)
- ♦ Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)

- ♦ Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

THE DEPARTMENT OF HEALTH ACT (H20)

- ♦ Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- ♦ Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)

- ♦ Governs the establishment and operation of health and social services districts.
- ♦ No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES ACT (H30)

- ♦ Governs the establishment and operation of hospital districts.
- ♦ No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)

- ♦ Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)

- ♦ Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)

- ♦ Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)

- ♦ Regulates organ and tissue donations in Manitoba.
- ♦ Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

**THE LICENSED PRACTICAL NURSES ACT
(L125)**

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)

- Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

THE MENTAL HEALTH ACT (M110)

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)

- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)

- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE OCCUPATIONAL THERAPISTS ACT (05)

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OPTICIANS ACT (060)

- Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)

- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

**THE PERSONAL HEALTH INFORMATION ACT
(P33.5)**

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)

- Defines the practice of podiatry and provides for the regulation of the profession, including:
 - the continuation of the Association of Chiropodists as the College of Podiatrists of Manitoba
 - the establishment of a governing council of at least six persons, of whom at least one-third must be public representatives
 - the registration of podiatrists
 - a complaints and discipline process
 - the making of regulations and by-laws

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

**THE PSYCHOLOGISTS REGISTRATION ACT
(P190)**

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

THE PUBLIC HEALTH ACT(P210)**

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

** (Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Finance.)

**THE REGIONAL HEALTH AUTHORITIES ACT
(R34)**

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

**THE REGISTERED PSYCHIATRIC NURSES ACT
(R45)**

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

**THE REGISTERED RESPIRATORY THERAPISTS
ACT (R115)**

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

**THE SANATORIUM BOARD OF MANITOBA ACT
(S12)**

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

**THE TOBACCO DAMAGES AND HEALTH CARE
COSTS RECOVERY ACT (T70)**

(Not yet proclaimed)

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

**STATUTES RELATED TO
HEALTHY LIVING**

THE ADDICTIONS FOUNDATION ACT (A60)

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

**THE NON-SMOKERS HEALTH PROTECTION
ACT (N92)**

- Prohibits the sale of tobacco products to children.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.

**THE YOUTH DRUG STABILIZATION (SUPPORT
FOR PARENTS) ACT (Y50)**

- Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

and:

Manitoba Prenatal Benefit Regulation (M.R. 89/2001) made under *The Social Services Administration Act*.

APPENDIX II

LEGISLATIVE AMENDMENTS IN 2007 - 2008

A number of health and health related statutes and regulations were amended, enacted or proclaimed in 2007/2008:

- **The Apology Act** (in force February 6, 2008)
 - Allows a person to make an apology about a matter without the apology constituting an admission of legal liability.
- **The Healthy Child Manitoba Act** (in force upon proclamation)
 - This sets out the Healthy Child Manitoba strategy, which is the government's prevention and early intervention strategy to achieve the best possible outcomes for Manitoba's children.
 - The Healthy Child Committee of Cabinet, the Healthy Child Manitoba Office and other government bodies are to develop, implement and evaluate the strategy.
 - As well, the Provincial Healthy Child Advisory Committee and parent-child coalitions are to advise the government and facilitate community involvement regarding the strategy.
- **The Medical Amendment Act** (in force November 8, 2007)

Amends *The Medical Act*. The following are the key changes:

 - requiring The College of Physicians and Surgeons of Manitoba ("the College") to consult with the Minister of Health ("the Minister") when developing by-laws about diagnostic and treatment facilities.
 - ensuring that information about diagnostic and treatment facilities is given to the Minister promptly by the College.
 - updating the professional discipline process, including adding provisions that allow disciplinary action to be taken against a physician in Manitoba who is also registered in another jurisdiction and has been disciplined there.
 - providing liability protection for a physician who reports to the College that another physician is unfit to practice, incompetent or unethical.
 - requiring the College to submit an annual report to the Minister.

REGULATIONS:

THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

- The Access and Privacy Regulation was amended to add CancerCare Manitoba, Diagnostic Services of Manitoba, Inc. and Regional Health Authorities of Manitoba, Inc. as public bodies.

THE HEALTH SERVICES INSURANCE ACT

Amendments were made to:

- The Personal Care Services Insurance and Administration Regulation to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community was also increased.
- The amendment also applies to long term patients in psychiatric facilities as the regulation under *The Mental Health Act* relating to long term patients in psychiatric facilities provides that charges for these patients are to be calculated in accordance with the Personal Care Services Insurance and Administration Regulation. The amendment also corrected the title of the Manitoba Health Appeal Board.
- The Hospital Services Insurance and Administration Regulation to adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are

living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community. The amendment also corrected the title of the Manitoba Health Appeal Board.

- The Health Care Facilities Designation Regulation to designate Nine Circles Community Health Centre and The Addictions Foundation of Manitoba as an “other facility” enabling the provision of capital funding.
- The Personal Care Home Designation Regulation was amended to reflect corporate name changes in a number of Personal Care Homes.

THE MEDICAL ACT

- The Registration of Medical Practitioners Regulation was amended to allow certain members on the Clinical Assistants Register, Part I, (ex: medical residents) to write prescriptions under the authority of an attending Physician that could be dispensed at any Pharmacy in Manitoba.

THE MENTAL HEALTH ACT

- Amended the Charges Payable by Long Term Care Patients Regulation in psychiatric facilities. Charges for these patients are to be calculated in accordance with the Personal Care Services Insurance and Administration Regulation. The amendment also corrected the title of the Manitoba Health Appeal Board.

THE PHARMACEUTICAL ACT

- Repealed and replaced the Manitoba Drug Interchangeability Formulary Regulation as required to update the Formulary.

THE PRESCRIPTION DRUGS COSTS ASSISTANT ACT

- Amended the Specified Drugs Regulation to update the Schedule.

THE REGIONAL HEALTH AUTHORITIES ACT

- Amended the Regional Health Authorities Establishment Regulation to increase the number of directors on the board of the Winnipeg Regional Health Authority.

Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2007-08 reporting year. This is the third year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, in their Annual Reports.

Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

Objectives supported by this measure	(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2007/08 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Improved Access to Service	Manitobans' access to cardiac surgery through the measurement of Median wait times for cardiac bypass surgery by level of urgency.	Timely Access to surgical services is important	As of April 2005, the Median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 7 days Level 2 (Semi-urgent): 15 days Level 3 (Elective): 56 days	As of April 2008, the Median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 1 day Level 2 (Semi Urgent): 10 days Level 3 (Elective): 48 days	Compared to April 2005 the Median wait time has decreased for all levels of urgency.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective). <i>Source: WRHA</i>
Improved Access to Service	Manitobans' access to radiation therapy for cancer through the measurement of Median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The Median wait time in April 2002 was 2.1 weeks for all cancer types.	As of April 2008, the Median wait time for all cancer types was 1 week.	The wait time has reduced significantly.	The National Benchmark for radiation therapy is 4 weeks. <i>Source: CancerCare Manitoba</i>
Healthy Living	Physical activity levels of Manitobans as measured by the percent of those surveyed who reported being active, moderately active or inactive.	Physical activity is a significant factor contributing to personal health.	Reported rates for 1994 were as follows: - Active: 19% - Moderately active: 24% - Inactive: 51%	The most recent available data are from 2007: - Active: 28% - Moderately active: 24% - Inactive: 46%	There is a trend toward greater physical activity.	Data on physical activity are self-reported by Manitoba respondents to Statistics Canada surveys.

Objectives supported by this measure	(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2007/08 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
				<p>Source: The Canadian Community Health Survey.</p> <p>2008 survey results are not yet available from Statistics Canada.</p>		
Healthy Living	Tobacco use rates as measured by the percent of Manitobans 12+ years who reported being current smokers (daily or occasional), former smokers, or non-never smoked.	Tobacco use is a major cause of death and preventable illness including heart disease and cancer	<p>Reported rates for 1994 were as follows:</p> <ul style="list-style-type: none"> - Current smoker: 29% - Former smoker: 29% - Never smoked: 42% 	<p>The most recent available data are from 2007:</p> <ul style="list-style-type: none"> - Current smoker: 23 % - Former smoker: 36% - Never smoked: 41% <p>Source: The Canadian Community Health Survey.</p> <p>2008 survey results are not yet available from Statistics Canada.</p>	There is a trend toward reduced smoking.	Data on smoking are self-reported by Manitoba respondents to Statistics Canada surveys.
Health Status / Population Health	Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	The AMI mortality rate from approximately 140 deaths per 100,000 in 1979	<p>In 2004, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 43 deaths per 100,000 population</p> <p>* A more current rate has not been published by Statistics Canada.</p>	The AMI mortality rate has declined dramatically in Manitoba and Canada from approximately 140 deaths per 100,000 in 1979 to 43 per 100,000 in 2004.	<p>Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension.</p> <p>Source: Statistics Canada, Vital Statistics</p>

APPENDIX IV

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health and Healthy Living for fiscal year 2007–2008:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2007 – 2008
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	0 disclosures were received.
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. <i>Subsection 18(2)(c)</i>	NIL

APPENDIX V

SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all Departments in the Province of Manitoba in their efforts to attain that goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health and Healthy Living's (MHHL) efforts toward sustainable development, as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of MHHL in incorporating the Principles and Guidelines of Sustainable Development. The chosen examples are not inclusive and more detail related to sustainable development activities within MHHL can be further examined within each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1-13)

1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

MHHL is dedicated to taking actions that foster the principles of integrating environmental and economics into the decision making process, more specifically in the areas of human health and social consequences.

HIGHLIGHTS:

Insured Benefits: Provides funding of health core services that is continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfer, out of province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.

Regional Support Services: Continues to monitor and measure the benefits of services to the public and reports on these activities to the Ministers to facilitate decision making and ensure that long term strategies and actions are effective. This unit provides direction in northern, rural and urban areas of the province as well as reporting on specific areas of service such as patient safety, cardiac services, cancer care, palliative care, home care and dialysis.

Mental Health and Addictions: Develops strategies and policies for the mental health and addictions systems and examines emerging issues and practices to improve services to optimize the health of those with a mental disorder or addiction. The branch collaborates and/or oversees provincial mental health activities such as: Mental Health Renewal in Manitoba; the Mental Health Education Resource Centre of Manitoba; the Farm and Rural Stress Line; mental health and addictions services; programs that provide health promotion and awareness activities; and the role of MHHL and the Regional Health Authorities (RHA) in the system.

Healthy Populations: Provides strategic direction aimed at improving the health outcomes for priority populations that are more susceptible to changes in health and social conditions such as women, children, families, persons with disabilities, and seniors.

Northern Nursing Stations: Oversees cost effective and quality health care to various northern communities through the management of community nursing stations.

Primary Health Care: Supports executive management in planning and providing guidance to RHAs in implementing cost effective primary health care initiatives to improve the health of Manitobans and access to services.

Addictions Foundation of Manitoba: Contributes to the health and wellbeing of individuals by addressing the harm associated with substance abuse (alcohol and drug) and gambling addictions through education, prevention and rehabilitation.

Selkirk Mental Health Centre: Delivers compassionate, respectful and cost effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. STEWARDSHIP

MHHL is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health and the Minister of Healthy Living who administer over 46 acts. Each act delegates their authority through regulations, policy development and indirectly managerial direction to ensure that stewardship of our health system is upheld within standards outlined within *The Canada Health Act* as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts are listed below. For more detail and information on all the acts that facilitate stewardship please see the section "Summary of Statutes Responsibility".

HIGHLIGHTS:

The Regional Health Authorities Act: Governs the administration and operation of regional health authorities.

The Personal Health Information Act: Protects personal health information in the health system in Manitoba.

The Public Health Act: Provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

The Health Services Insurance Act: Governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

The Prescription Drugs Costs Assistance Act: Governs the operation and administration of the provincial drug benefit program.

The Drinking Water Safety Act: Established the Office of Drinking Waters and sets out legislative direction to protect our drinking water.

The Non Smokers Health Protection Act: Strengthens the prohibition against providing tobacco to children and increases the penalties for this and other offences as well as placing limits on the advertising, promotion and display of tobacco.

3. SHARED RESPONSIBILITY AND UNDERSTANDING

MHHL continually collaborates with RHAs, inter-sectoral organizations, the Federal Government and stakeholders to better understand the views of others. This in turn facilitates equitable management of our health system. To facilitate shared responsibility and understanding, MHHL directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Aboriginal Health: Supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. Aboriginal Health works collaboratively with the Federal Government, other branches within MHHL, provincial departments, RHAs, and Aboriginal political territorial organizations. This branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

Healthy Living Coordination: Provides leadership and policy advice with other stakeholders, through understanding of public needs, in the development and implementation of a provincial healthy living strategy.

Healthy Populations: Provides provincial leadership to improve the health outcomes for priority populations. The branch participates in provincial and inter-governmental initiatives and collaborates with others to further Manitoba's Healthy Living strategy.

Federal/Provincial/Territorial Unit: Represents Manitoba on the Federal/Provincial/Territorial Advisory Committee on population health and security to express Manitoba's views and participate in inter-sectoral issues.

Regional Affairs: Participates on RHA committees and maintains communication with all RHAs to ensure that MHHL has an ongoing understanding of the issues and concerns within Winnipeg and throughout Manitoba.

Accountability Support Branch: Coordinates the Community Health Assessment process with RHAs to ensure that health planning is community or regionally focused and complies with MHHL requirements.

4. PREVENTION

Prevention is at the forefront of MHHL. MHHL has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place and make the most positive impact to optimize the health and social wellbeing of Manitobans.

HIGHLIGHTS:

The Office of the Chief Medical Officer of Health: Ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. This office provides news releases to the public in regards to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Cadham Provincial Laboratory: Provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also state of the art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Public Health Branch: Provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.

Healthy Living Coordination: Examines the big picture of prevention by promoting healthy living to ensure that provincial direction of this activity is occurring to optimize healthy living outcomes of Manitobans. Key components of healthy living are active living, chronic disease prevention, healthy eating, healthy sexuality, injury prevention, mental health promotion and substance abuse reduction, and tobacco reduction.

The Office of Disaster Management: Continues to work with RHAs in implementing their disaster management programs. Incident Management Systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large scale health sector emergencies such as pandemic influenza.

Corporate Services: Manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; quality audits; internal disclosure of staff concerns; reporting of critical clinical occurrences; RHAs guides to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

5. CONSERVATION AND ENHANCEMENT

MHHL is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life, and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Capital Planning: Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements such as Power Smart Standards for new construction and renovation projects.

6. REHABILITATION AND RECLAMATION

MHHL is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHTS:

Capital Planning: Oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. GLOBAL RESPONSIBILITY

MHHL continues to take actions that foster a global approach to decision making with the goal of identifying and preventing possible adverse effects that may occur by the decision, action or program.

HIGHLIGHTS:

Federal/Provincial and Territorial Policy Support: Conducts negotiations on cooperative initiatives with Pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

Office of the Chief Medical Officer of Health: Participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example this office assesses health risk and provides information on various health concerns such as asbestos in vermiculite insulation.

8. EFFICIENT USE OF RESOURCES

The Manitoba Health system accounts for 42% of the provincial budget and as public expectations on health care services keep rising, costs continue to go up and the sustainability of our publicly funded system is strained. MHHL strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision-makers.

HIGHLIGHTS:

Health Labour Relations: Operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the Winnipeg Regional Health Authority and Manitoba Health Finance; and provides site orientation visits with participating health authorities.

Provincial Drug Programs: Continues to look at efficiencies of the Drug Review Process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

Funding to Health Authorities: Directs expenditures in an efficient and expedient manner. These funds are allocated to provincial wide appropriations (as per this annual report) and to health authorities in accordance with targets established through the estimates process, health plan process and Ministerial direction.

Provincial Health Services: Throughout MHHL, various units are tasked, in some cases with third parties, to provide services to the public such as: out of province hospital services; blood transfusion services; Federal hospitals; prosthetic and orthotic devices; healthy communities development; and the Nurses Recruitment and Retention Initiative.

Emergency Medical Services: Provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed Emergency Medical Services including vehicle, equipment and processes are conducted.

9. PUBLIC PARTICIPATION

MHHL strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision making approaches.

HIGHLIGHTS:

Legislative Unit: Communicates and reviews feedback from stakeholders, including consultations with the public, in regards to many of the proposed amendments to the Minister(s) Acts. Recent examples are the *Personal Health Information Act* Review Steering Committee and *The Public Interest Disclosure (Whistleblower Protection) Act*.

Mental Health Review Board: Hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board: Receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.

The Appeal Panel for Home Care: Hears appeals from Manitobans who have requested or are in receipt of Home Care Services respecting eligibility or level of service required. The Appeal Panel also serves in an advisory role to the Minister of Health.

The Protection for Persons in Care Office (PPCO): Serves as a resource for those working in health facilities as well as anyone in the general public who have a duty to report suspected abuse or the likelihood of abuse to the PPCO.

Aboriginal Health Unit: Ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern communities in Manitoba and those people of Aboriginal descent.

Accountability Support Branch: Continues provision of public participation in the health regions as part of the Community Health Assessment process. Community consultations, focus groups, region specific surveys and key informant interviews are regularly held by the regions and health organizations.

French Language Services: Provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

Primary Health Care Unit: Is a resource centre for MHHL on how best to inform and serve Manitobans about new initiatives and investment targeted to improve primary health care such as what services are available, how to access them and how to have input.

Public Health Branch: Provides communication and feedback support to the public in a variety of forums about Manitoba Health policy and priority initiatives.

10. ACCESS TO INFORMATION

MHHL strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes the departmental and provincial information more accessible by the public.

HIGHLIGHTS:

Legislative Unit: Continues to provide information and formal presentations on *The Personal Health Information Act* to Health Information Trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public to assist them in understanding their rights and appeal processes.

Finance and Administration: Prepares financial reports and documents such as Estimates, Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with Legislative, Treasury Board and Senior Management requirements.

Information Systems: Continues development and maintenance of databases to support internal and third party information requirements, as well as development of an eHealth infrastructure.

Health Information Management: Provides data sources for MHHL, Ministers, RHAs and the public which is accessible internally or on the department's website. This includes managing MHHL's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

Public Health Branch: Continues to provide regular and routine reports to the public on influenza surveillance data, monthly communicable disease surveillance data, and annual HIV/AIDS statistical updates to the Public Health Agency of Canada and to the health authorities.

11. INTEGRATED DECISION-MAKING AND PLANNING

MHHL takes necessary measures to establish and amend decision making and planning processes to make them more efficient, timely and address and account for inter-generational effects.

HIGHLIGHTS:

Information Systems: Working collaboratively with the western provinces, successfully secured funding from Health Canada for a "Western Canada Chronic Disease Management Infostructure". The Chronic Disease Management System in Manitoba will use standard data definitions developed and adopted collectively by the western provinces.

Mental Health and Addictions: Continues participation in the Co-occurring Disorders Initiative in collaboration with the Addictions Foundation of Manitoba and the RHAs.

12. WASTE MINIMIZATION AND SUBSTITUTION

MHHL is committed to taking actions that promote the use of substitutes for scarce resources and reduce, reuse, recycle or recover.

HIGHLIGHTS:

- On going Blue-bin recycling program at 300 Carlton Street, 1680 Ellice Avenue and 750 William Avenue sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to various network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic system to minimize paper copies.

13. RESEARCH AND INNOVATION

MHHL is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

HIGHLIGHTS:

Health Information Management: Recently developed a digital dashboard that is employed within MHHL and updated monthly to provide the Minister and senior management with up to date information on key areas such as wait times. Also the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

Accountability Support Branch: Has taken the lead in exploring organization-wide risk management to examine the department's exposure to risk and to provide direction to implement efficiencies within the department to mitigate and treat identified risks.

Manitoba Centre for Health Policy: Continues to provide funding for policy evaluation and research initiatives.

Public Health Branch: Continues participation in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases.

Office of the Chief Medical Officer of Health: Continues educational sessions in a variety of settings related to life threatening infections and diseases.

Aboriginal Health: Works in collaboration with Aboriginal people who have an interest in entering the healthcare workforce.

PROCUREMENT GOALS (SECTIONS 14-18)**14. EDUCATION, TRAINING AND AWARENESS**

To meet the intent of this goal MHHL enacts changes to develop a culture that supports sustainable procurement practices within the department.

HIGHLIGHTS:

- All areas are encouraged to include Sustainable Development topics in their monthly/quarterly divisional meetings.
- An internal website for Sustainable Development communication within the department has been developed and is continuously updated.
- Government-wide directives on sustainable development initiatives such as recycling papers and toner cartridges are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, MHHL has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air Quality in work places is continuously monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, MHHL needs to reduce fossil fuel emission of their operations and activities.

HIGHLIGHTS:

- Promote staff to participate in the "Commuter Challenge" initiative aimed at encouraging staff to contribute to the efforts against climate change. Staff were encouraged to help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or carpooling.

17. RESOURCE CONSERVATION

To meet the intent of this goal, MHHL needs to reduce consumption of resources in a sustainable and environmentally friendly manner.

HIGHLIGHTS:

Capital Planning: Works with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart designation to communities and Health Centres.

18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, MHHL would need to ensure that procurement practices foster and sustain community economic development.

HIGHLIGHTS:

- Whenever possibly, Aboriginal vendors are invited to list in the Aboriginal Business Registry to submit a response to services being tendered.
- MHHL's Aboriginal Health Unit supports the Aboriginal Human Resource Strategy implemented by the RHAs.
- MHHL participates in the Manitoba Strategy to improve Aboriginal wellbeing with the Department of Indian and Northern Affairs that includes a Manitoba Approach to community development.

